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In the Supreme Court of the United States

OCTOBER TERM, 1987

OTIS R. BOWEN, SECRETARY OF HEALTH AND HUMAN SERVICES, APPELLANT

v.

CHAN KENDRICK, ET AL.

OTIS R. BOWEN, SECRETARY OF HEALTH AND HUMAN SERVICES, APPELLANT

v.

CHAN KENDRICK, ET AL.

CHAN KENDRICK, ET AL., CROSS-APPELLANTS

v.

OTIS R. BOWEN, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL.

ON APPEAL FROM THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF COLUMBIA

JOINT APPENDIX
VOLUME II

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Reverend John E. Forliti,
Director of Youth Programs and
Project Director for Search Institute's
Life and Family National Demonstration Project

EXHIBIT 1

Excerpt from Search Institute Grant Proposal

* * * * *

The six features make this proposed program substantially different from other programs. The features have been chosen to maximize the probability that the program will receive widespread use in a variety of settings and effectively promote sexual restaint among early adolescents. It is, we believe, the kind of program which is needed by schools and youth agencies to (1) lessen the severe psychological, economic, and social costs currently associated with adolescent sexual activity and (2) promote a life and value orientation among youth and parents which positively contributes to the stability of person, family, and society.

In addition to the innovative features listed above, the project has the advantage of building on the work Rev. John Forliti of the Search Institute staff has done in developing a value-based sex education model for the Roman Catholic Church. Titled "Reverence for Life and Family: A Catechesis in Sexuality", this model will provide the foundation from which the proposed program is being adapted. It incorporates some of the distinctive features planned for the proposed project, including significant parent involvement and a value-based approach. Because of his experience in writing and producing this program and his expertise in disseminating this project on a national level, Forliti brings to the proposed project the kind of expertise which will enhance its quality.

The "Reverence for Life and Family" model was first published in 1979 by the Archdiocese of St. Paul Minneapolis. Originally intended for local use only, it soon developed a national reputation. It has received high accolades from educators, parents, and youth. In 1981, the Wm. C. Brown Company of Dubuque, Iowa, published a revised edition and extended its availability even further. In February 1983, the publisher estimated that current participants numbered 150,000 with many new inquiries being received daily. These participants represented nearly all of the 50 states, plus Australia, Newfoundland, Canada, Italy, and Puerto Rico.

* * * * *

EXHIBIT 8

President's Report to Board of Directors, Search Institute

* * * * *

Religious Identification

Our mission always has been to include the religious dimension in our research. This has been so prominently an emphasis that, several years ago, before adopting the name Search Institute, Dr. James Dittes proposed we adopt the name of Religious Center.

We have found that religious beliefs and values powerfully predict what people will say and do have called attention to this fact. To remain silent because its deals with religion would be dishonest to our purpose of wanting to share whatever information will impact the lives of people.

Because of our identification with the study of religion, we are being identified as a religious institute (note ACLU suit), though we are registered as a scientific and educational agency and operate as such. One temptation for staff can be to become overly circumspect and cautious in the future regarding their sharing of religious information. Note: The Pitton Foundation that is giving us $25,000 for the writing of a book on the Young Adolescents and Their Parents Study want to review the manuscript before publication.

Do you, as a Board, wish to identify a policy stance? One procedure will be to request a position paper that identifies us as in the business of studying religion and not promoting religion. This could precede discussions and goal setting in the fall. It will help our new president, Peter Benson, to have a clear delineation of our limits and prerogatives with respect to religion.

* * * * *

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFFS,

v.

MARGARET HECKLER SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL., DEFENDANTS.

DEFENDANT'S STATEMENT OF MATERIAL
FACTS PURSUANT TO LOCAL RULE 1-9(i)

St. Ann's Infant and Maternity Home

1. St. Ann's Infant and Maternity Home is located in Hyattsville, Maryland. St. Ann's is owned by the Archdiocese of Washington of the Roman Catholic Church and operated by the Daughters of Charity. (Declaration of Sr. Elyse Staab, ¶¶ 2-3).

2. St. Ann's has a Corporate Board composed of the Archbishop of Washington, the Vicar-General of the Archdiocese, the Chancellor, the Administrator of St. Ann's, the Director of Catholic Charities for the Archdiocese (a lay position), and two lay persons. (Staab Declaration, ¶ 4).

3. St. Ann's is managed by a Board of Trustees and not the Corporate Board. The Board of Trustees is composed of lay persons, except that members of the Corporate Board are ex-officio members of the Board of Trustees. The Administrator of St. Ann's reports to the Board of Trustees. The Administrator does not report to or have regular contact with anyone on the staff of the Archdiocese. (Deposition of Sr. Elyse Staab, pp. 4, 11-14).

4. St. Ann's was incorporated by an Act of Congress in 1860 to provide care for orphans and pregnant women. 12 Stat. 798. St. Ann's provides care services for pregnant, unmarried women and neglected or abused children. Project Application, pp. 25-26. St. Ann's provides to pregnant adolescents and their families complete pre-natal care, and accredited educational program, psychiatric consultation, social services, individual and group counseling, and a range of recreational activities. It receives funding from the District of Columbia Department of Human Services and local Departments of Social Services in the state of Maryland. (*Id.*; Staab Deposition, p. 19).

5. St. Ann's operates a high school for its clients. This high school is accredited by the state of Maryland. (Deposition of Barbara Rosengard, p. 110.) The high school program employs five full-time teachers and two part-time teachers. One full-time teacher and two part-time teachers are paid with federal funds from the AFLA grant to St. Ann's. Only one of the teachers is a member of a religious order, and teaches social studies, history, and provides individualized instruction in remedial work. The principal of the school is a lay person. She reports to the Director of Maternity Services, who is a member of the Daughters of Charity. The high school has a capacity for educating twenty-five students. The high school program does not include any courses of religious study required of all students. (McNeil Deposition, p. 52).

6. St. Ann's facility is contained in one building. Religious symbols are present in parts of the building. The building contains administrative offices, program space, residential areas, and a chapel. Services are held in the chapel for the members of the Daughters of Charity who reside at St. Ann's. Clients at St. Ann's are free to attend services in the chapel if they wish. Attendance at services by the clients is not required. Most of the clients at St. Ann's are non-Catholic and it is rare for a client to attend services at the chapel. St. Ann's makes no effort to en-

courage clients to attend services at the chapel. The residential areas are self-contained units, separate from the other parts of the building. (McNeil Deposition, pp. 16-17, 87).

7. St. Ann's mission is to provide social welfare services to clients. The Title XX program for pregnant adolescents includes prenatal care, counseling, education, social services, and recreational activities. While the Daughters of Charity at St. Ann's are motivated to provide these services because of their religious beliefs, it is not the mission of the Daughters of Charity at St. Ann's to teach Catholic tenets or doctrines or to engage in proselytizing or propagating the Catholic faith. (McNeil Deposition, p. 89).

8. St. Ann's employs approximately 85 lay staff persons. (Plaintiffs' App. III-A p. 459). Eight members of the Daughters of Charity are employed at St. Ann's. (Deposition of Sister Betty Ann McNeil, p. 17).

9. The parties stipulate that the philosophy of St. Ann's is reflected in its Employee Handbook. St Ann's does not provide abortion counseling.

10. Any client who calls St. Ann's directly for services is routinely referred to a social service agency for counseling. Pregnant adolescents who contact St. Ann's for services after counseling have already decided to continue their pregnancies to term. They contact St. Ann's to obtain the maternity services available there. (McNeil Deposition, p. 19).

11. St. Ann's accepts referrals of clients from agencies in the community. The basic criterion for acceptance of a client by St. Ann's is the individual's need. Religion is not a factor in the decision to accept a client. (McNeil Deposition, p. 47).

12. St. Ann's also informs potential clients of its services, through distribution of pamphlets in neighborhood centers, public schools, laundromats, and other places where the general public could have access to them. St.

Ann's also employs social workers in an Outreach program. These social workers visit potential referral sources, such as clinics, hospitals, schools and social service agencies, to explain the services available at St. Ann's. (McNeil Deposition, pp. 72-75).

13. St. Ann's is a grantee of federal funds under the Adolescent Family Life Act. In FY 1982, St. Ann's received a grant of $200,000 under the Act. (Notice of Grant Award). In FY 1983, St. Ann's received a grant of $235,000. (Notice of Grant Award.) This amount included an additional $35,000 above the amount requested by St. Ann's. (McNeil Deposition, p. 38-39). Defendant allocated this additional amount to St. Ann's after ascertaining that the St. Ann's program was operating well and that St. Ann's had a need for additional funding. (Deposition of Marjory Mecklenberg, p. 247; McNeil Deposition, p. 39).

14. The grant application was written by Sister Elyse Staab, Administrator of St. Ann's, with the assistance of persons from the Providence Hospital Center for Life and Catholic University. The original application was revised approximately two months after its submission. The revisions were intended to more accurately reflect the content of the proposal.

15. St. Ann's operates a care program for pregnant adolescents with the funds provided under the Act. This program is entitled Pathways. The Pathways program has three major components: 1) a residential program for pregnant adolescents who live at St. Ann's and attend high school there, 2) a day program for pregnant adolescents who attend high school at St. Ann's, 3) and an aftercare program for adolescents who reside and attend high school at St. Ann's after delivery. (Deposition of Sister Betty Ann McNeil, p. 15).

16. St. Ann's subcontracts part of the Pathways program to the Providence Hospital Center for Life in Washington, D.C. (Staab Deposition, p. 22). Providence Hospital is affiliated with the Daughters of Charity. (Deposition of Robert Hutson, p. 13).

17. Providence Hospital was incorporated by an Act of Congress in 1864. 13 Stat. 43. Providence Hospital is exempt from federal income taxes under § 501(c)(3) of the Internal Revenue Code of 1954. Providence Hospital is governed by a Board of Trustees. The members of the Board of Trustees are not members of the Roman Catholic clergy. (Hutson Deposition, p. 12).

18. The parties stipulate that Providence Hospital Statement of Philosophy, No. 1.01 (December 22, 1973), reflects the philosophy of Providence Hospital. Providence Hospital does not perform abortions or provide artificial methods of contraception.

19. The Center for Life has a Board of Trustees that controls the work of the Center to insure that it is appropriate to community needs. The Center for Life operates six continuing programs: (1) a Reduced Fee Maternity program, which provides medical services to needy pregnant women, (2) a Natural Family Planning Program, (3) the Rainbow Program, an adolescent fertility awareness program, (4) a Tele-Care program, a telephone reassurance program for homebound elderly persons, (5) Crossroads, a volunteer counseling service for terminally-ill persons, and (6) Lifeline, a personal medical emergency response system. (Hutson Deposition, pp. 8-9).

20. As a subcontractor for the St. Ann's grant, the Center for Life provides classes to adolescents in the St. Ann's program. These classes include sessions on fertility awareness, contraception, natural family planning, and intimacy. (Deposition of Christine O'Keeffe, p. 35). Participants in the Pathways program are required to attend the sessions on fertility awareness, contraception, and intimacy. Participation in the natural family planning

classes by the adolescents at St. Ann's is optional. (O'Keeffe Deposition, p. 58). The instructors of these courses are not members of the clergy. (O'Keeffe Deposition, p. 35).

21. The classes taught in the Pathways program by the Center for Life are based in part on a preexisting program developed by the Center called the Rainbow program. The Rainbow program was developed by the Center for presentation to teenagers and parents in the Washington metropolitan area. In adapting the Rainbow program for use at St. Ann's, a conscious effort was made to remove all religious references contained in the Rainbow program. (O'Keeffe Deposition, pp. 90-93).

22. In the presentations at St. Ann's, Chris O'Keeffe, an instructor from the Center has, in the past, made available to the participants books and other materials. These books and materials were either handed out during the sessions or left at St. Ann's for the participants to examine if they wished. Handouts have included a booklet from the Rainbow program, an HHS publication entitled "Eight Popular Reasons for Having Intercourse," a brochure entitled "Knowing is Caring and Caring is Sharing," and an article entitled "The IUD Story of Pain and Risk." Other publications that have been left with the residents at St. Ann's for them to examine if they desired, have included the following books: "Fertility Awareness," "The First Nine Months of Life," "Through Sex to Live," "Birth Control – Why Are They Lying To Women," "Sex, Love, and the Believing Girl" and "The Good News About Sex." (O'Keeffe Deposition, pp. 24-25).

23. St. Ann's has provided services to approximately 268 pregnant adolescents, 61 adolescents mothers, 11 infants, 26 fathers, and 80 other persons under the Title XX program.

24. St. Ann's does not have a religious mission. St. Ann's does not engage in teaching religious doctrine or propagating the Catholic faith. (Declaration of Sr. Elyse Staab, ¶ 5.)

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, et al.,

v.

MARGARET HECKLER, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL., DEFENDANTS.

DEFENDANT'S STATEMENT OF MATERIAL FACTS PURSUANT TO LOCAL RULE 1-9(i)

* * * * *

Catholic Family Services of Amarillo

1. Catholic Family Services, Inc., Amarillo, Texas, is a non-profit, tax-exempt charitable organization incorporated under the laws of the state of Texas, operating as the social service agency for the Roman Catholic Diocese of Amarillo, Texas. Defendant's App. 514007 (1982 Grant Application, p. 18); Declaration of Larry Watson, Executive Director, ¶ 2. The agency does not hold religious observances as part of its functions and its offices are not adjacent to or part of any place of religious worship. Watson Dec. ¶¶ 16-17.

2. Catholic Family Services ("CFS") provides social services to individuals within western Texas on the basis of need. Services are provided without regard to clients' religious backgrounds. In fiscal year 1984 approximately 66% of the clients of Catholic Family Services were not members of the Roman Catholic faith. Watson Dec. ¶¶ 4, 16; Def. App. 514007 (1982 Grant Application, p. 18).

3. Services provided by Catholic Family Services include maternity and adoption services, a maternity home, adolescent pregnancy care and prevention services,

emergency assistance, youth and family counseling, migration and resettlement services, and home and family intervention services. Def. App. 514008-514009 (1982 Grant Application, pp. 19-20); Watson Dec. ¶ 5.

4. The purpose of CFS, as enumerated in its Articles of Incorporation include:

(A) Works of charity of every description.

(B) The collection and administration of funds for the purpose of carrying out charitable work, including the right to apply for and receive and use, any monies granted by Federal, State or Local governmental agencies.

(C) Relief work among the poor and needy.

(D) To provide screening of adoptive couples and to make appropriate disposition of their application. To conduct adoptive studies.

(E) To place children for adoption within the State of Texas.

(F) Placement will be made in conformity with the existing Texas laws relating to the placement of children.

(G) To work with and cooperate with any federal, state or privately owned employment agency for the purpose of seeking employment for the jobless.

(H) To esablish a central office which shall be used as a clearing house for all social work functions that are done under the direction of the Roman Catholic Diocese of Amarillo, State of Texas.

(I) To keep in said office records concerning Catholic charitable, welfare and social work service currently done and which shall be done in the future. The office shall also be used as a bureau of information regarding such activities.

(J) To make disposition of all cases which may come to its attention by either rendering direct service or by referral.

(K) To promote social work service on a systematic and uniform basis in cooperation with the various existing social agencies to the end that there may be avoidance of inappropriate duplication of service.

(L) To provide social work service to unwed mothers regardless of religion.

(M) To place children from Catholic Children's Home, Panhandle, Texas, for adoption and in foster homes.

Articles of Incorporation. (Plaintiffs' App. IV, pp. 66-71).

5. The Board of Directors of CFS is responsible for the overall operation and policy of the agency. There are twenty-two members of the Board: eight private businessmen, two attorneys, two professional social workers, one Methodist minister, one physician, three housewives, one farmer, one college educator, two Catholic priests, and one elected official. The Bishop of the Diocese, L.T. Matthiesen serves as an ex-officio member of the Board and retains authority over use of Diocesan-owned property and issues involving basic doctrine. Watson Dec. ¶ 2.

6. Catholic Family Services is accredited by the Council on Accreditation of Services for Families and Children, It is licensed by the Texas Department of Human Resources as a child placement agency and maternity home service provider. Def. App. 514009 (1982 Grant Application, p. 20); Plaintiffs' App. IV. p. 73; Watson Dec. ¶ 6.

7. CFS memberships include the Texas Association of Licensed Children's Services, Texas Coalition for Juvenile Justice, and Amarillo Community Council. Def. App. 514009 (1982 Grant App. p. 20); Plaintiffs' App. IV, p.73.

8. CFS receives funding from the following sources in these approximate proportions: fees for services-15%; individual and organizational donations-10%; Catholic churches-.7%; Diocese of Amarillo-1.4%; U.S. Department of Health and Human Services-19%; Texas Commission on Alcoholism-2.1%; Knights of Columbus-1.5%; Texas Department of Human Resources-34%; other-16.3%. Watson Dec. ¶ 7 & Exh. 1.

9. CFS does not attempt to inculate the tenets of the Roman Catholic Church to the recipients of its services or the general public. CFS does not have a religious mission, but renders its services out of a belief in a responsibility to provide service to others without expecting a return of that service or that the person served accepts the Roman Catholic faith. Watson Dec. ¶ 10.

10 . Employees of CFS are hired on the basis of qualifications and experience without regard to their religious backgrounds. Watson Dec. ¶ 8.

11. Of the eight top-level administrators of CFS, five are non-Catholic, and the Executive Director is a Methodist. Approximately 55% of the staff are not Catholic. Watson Dec. ¶ 8.

12. CFS employs primarily social work professionals and professionals in related fields. The staff is exclusively lay people. Watson Dec. ¶ 9.

13. Mr. Larry Watson, the Executive Director of Catholic Family Services, also the Project Director for the combination care/prevention project funded under Title XX, holds a Master's degree in social work and is a state certified social worker and a licensed professional counselor. Watson Dec. ¶ 1.

14. Catholic Family Services is a grantee of Federal funds under the Adolescent Family Life Act (the "Act"). In FY 1982, it was granted $250,957 to operate a combined care and prevention program. Def. App. 514001. $80,957 of this amount was granted for prevention services and the remainder was granted to support care services. *Id.* at

514002. In FY 1983, Catholic Family Services was awarded $250,000 under the Act, with $80,000 to be used for prevention services and the remainder for care services. *Id.* at 514003-514004. In FY 1984, it was awarded $214,000, with $68,480 of that amount to be used for prevention services. *Id.* at 514005-514006.

15. No official connected with the Diocese has attempted in any way to direct, control or contribute to decision-making with respect to the CFS Title XX grant program. Watson Dec. ¶ 3.

16. The care services provided by Catholic Family Services under the federally funded program include pregnancy counseling and testing, adoption services, pre- and post-natal medical care, child care, in-home homemaker services, family planning information and referral service, consumer education, and educational and vocational counseling. Plaintiffs' App. IV, p.76; Def. App. 514010, 514016-514017 (Year End Progress Report, December 19, 1983; 1982 Grant App. p.24). By the end of the 1983 grant year, CFS provided care services to approximately 400 adolescents. Def. App. 514018 (1984 Continuation App., p.21).

17. CFS only provides family planning by referral to agencies such as Planned Parenthood. CFS no longer offers Natural Family Planning to its clients. Watson Aff. ¶ 18.

18. In relation to the care project, the grant application states that "clients must be provided with an atmosphere where they can consider the options objectively," and discusses the opening of a maternity home in October 1982 which will aid pregnant adolescents by providing group contact with other pregnant adolescents facing the same decision about the future of their child and reducing social and peer pressure to keep their baby. Plaintiffs' App. IV, p.78.

19. The agency Policy & Procedure Manual states that CFS may not impose traditional Catholic teachings related to the issues of contraception, abortion, and sexual matters upon its clients, and that the CFS staff may inform clients of the services of Planned Parenthood if the client plans to have an abortion. Watson Dec. ¶ 18, Exh. 2.

20. The prevention services provided under the Federal grant include the development and presentation of symposia on teenage sexuality and decision-making for adolescents and their families, community courses to encourage parents to be the primary sex educators of their children, and counseling for sexually active adolescents and their families. Def. App. 514011-514013 (Year End Progress Report, December 19, 1983). Presentations and symposia by Catholic Family Services are given to church groups, public and private school groups, civic organizations, and at government agencies. *Id.* at 514014-514015 In addition, the Catholic Family Services prevention program includes counseling adolescents referred to it by local juvenile probation offices. *Id.*

21. CFS' goal has been to make its services available to the general public and "efforts are continually made to develop relationships with public schools and other youth organizations." Watson Dec. ¶ 20.

22. CFS has entered coordination of service agreements with the following agencies: Texas Department of Human Resources Protective Services, Juvenile Probation Office-Plainview, South Plains Health Providers-Plainview, Day Care Association of Lubbock, Terry County Juvenile Probation Department, Hockley County Juvenile Probation, Lubbock City Health Department, Texas State Board of Health, South Plains Community Action-Levelland, Moore County Planned Parenthood, Dumas Family Service Center, Texas Department of Health, Amarillo Bi-County Health Department, Texas Tech University Health Sciences Center, Amarillo State

Center, Dumas Family Services, Parenting Services, Inc., Texas State Technical Institute, Potter County Juvenile Probation, Amarillo Public School System. Watson Dec. ¶ 19.

23. Materials used in the prevention/care project were screened by an advisory committee for appropriateness for use with the general public. Watson Dec. ¶ 21. In Amarillo the Committee was composed of a registered nurse from Texas Tech University, a high school student, an agriculture extension agent, a social worker from Parenting Services, a personnel director from High Plains Baptist Hospital, a teacher from high school for pregnant teenagers, a group home foster parent, a counselor from Women's Program at Amarillo College, a Director of Special Education for Amarillo Independent School District, a Catholic priest, a youth director of Diocese of Amarillo, and the Director of West Texas State campus ministries. In Lubbock the Committee consisted of parents, a pediatrician from Texas Tech, the Director of Right to Life, a social worker from a state mental health agency, and three teenagers. Watson Dec. ¶ 21.

24. Catholic Family Services obtains parental consent in accordance with the provisions of the Act in providing prevention and care services. Def. App. 514019 (1984 Continuation Application at p. 25).

25. In its provision of service in the grant project, CFS does not include any religious service, observance, prayer, lecture, event, or other function. While individual sponsoring groups may choose to begin with a prayer before the project presentation by CFS staff, prayers are not part of the CFS presentation and are not initiated by CFS staff. Watson Dec. at ¶ 15.

26. As of September 31, 1984, CFS had presented 15 youth symposia on "Teenage Sexuality and Decision-Making" and 15 courses on "Parents as the Primary Providers of Sex Education" at: 16 churches, 4 parochial

schools, 1 county detention center, 1 community center, 1 child welfare office, and 1 CFS office. Watson Dec. at ¶ 11. The curriculum and presentation in these symposia was not based on religion or religious doctrines. The syposiums are available to any group requesting a presentation. Watson Dec. ¶ 11.

27. Brief public presentations to adult and youth organizations on the subject of teenage sexuality and decisionmaking have been made at approximately 33 churches, six public schools, two parochial schools, 14 social agencies, two civic clubs, and seven miscellaneous sites. Watson Dec. at ¶ 12.

28. Speeches concerning adoption have been made at 13 social service agencies, two state universities, three civic clubs, seven public schools, four hospitals, six churches and one at a public library. Watson Dec. at ¶ 13.

29. For the period October 1983 through May, 1984, personal visits presenting information concerning adoption and other services of the project were made at approximately 24 public schools, 47 social service agencies, two colleges, nine hospitals, 32 churches, two civic groups, eight courthouses, two parochial schools, and eight radio and TV stations. *Id.* at ¶ 14.

30. Social workers in the Title XX prevention/care project provide services from a non-judgmental perspective. It is not the policy of CFS or its staff to make decisions for clients or advocate particular solutions as moral or immoral. Professional social workers are instructed that their role is simply to help the client identify the available options. This CFS philosophy is consistent with the Code of Ethics of the National Association of Social Workers, to which CFS social workers subscribe. Watson Dec. ¶ 23.

31. CFS has not utilized its grant funds under Title XX to promote religion or the tenets of the Roman Catholic faith. Watson Dec. ¶ 23.

Catholic Social Services of Wayne County

1. Catholic Social Services of Wayne County ("CSS") is a voluntary community social service agency incorporated in 1957 under Michigan law as a non-profit organization. It is a division of the Department of Christian Services of the Archdiocese of Detroit, but is administered and managed by a Board of Directors, which has sole responsibility for the day to day operation of the agency and for setting agency policy. Affidavit of Gail Zettel, Director of Adolescent Family Life Act Demonstration Project, ¶ 2.

> The agency's purpose is to enrich, strengthen and support family life and enhance psychosocial functioning through the planning, development, and delivery of professional social work service, and ancillary services for all peoples of Wayne County, without regard to age, sex, race, religion, handicap, or economic status.

CSS Mission Statement, (Plaintiffs' App. IV p. 342) (Answer to Plaintiff's Interrogatory #1); Zettel Aff. ¶ 3.

2. The Board of Directors is composed of twenty-six laymen (e.g. business persons, attorneys, educators, community representatives) and three clergy members. Zettel Aff. ¶ 2 & Exh. B.

3. Funding for CSS for the most recent fiscal year came from the following sources in these approximate amounts: Government Fees and Grants-59.6%; United Fund-28%; Service Fees-10.6%; Archdiocese of Detroit 1.8%. Zettel Aff. ¶ 4.

4. Among the social services provided by CSS for individuals are:

> counseling with marital difficulties, emotional problems, personality disorders, pregnancy, substance abuse, youth problems, concerns of older persons, foster family care, adoption, Family Life Enrichment,

> and Client Advocacy. In addition, Foster Grandparents and Retired Senior Volunteer Programs are administered by the agency.

(Plaintiffs' App. IV, p. 343); Zettel Aff. ¶ 6.

CFS is a member of the Family Service Association of America, licensed by the State of Michigan as a child placement agency, and accredited by the Council of Accreditation of Services for Families and Children. Def. App. 307009 (1982 Grant App., Description of Agency, p. 15).

5. The President of CSS, Timothy F. Ryan, is a professional social worker. Zettel Aff. ¶ 5 & Ex. C.

6. CSS does not discriminate on the basis of race, color, religion, age, sex, disability, national origin, social or economic status, handicap or other conditions prohibited by law. CSS' policies prohibit discrimination in employment, including promotion, Board membership or client elegibility for services. Zettel Aff. ¶ 7.

7. Of the 75 member professional staff only one person is a clergy member, a nun whose capacity at CSS is as a psychologist. Zettel Aff. ¶ 8.

8. In 1982 CSS received a grant from OAPP to conduct a prevention project under Title XX in the amount of $85,000. Def. App. 307001-307002 (1982 Notice of Grant Award). In 1983 the CSS grant was continued at that level. Def. App. 307003-307004 (1983 Notice of Grant Award). It was continued in the amount of $73,600 in 1984. Def. App. 307005. The project is referred to as Communications Around Sexual Issues (C.A.S.I.).

9. The mission or philosophy of the C.A.S.I. is:

> The C.A.S.I. program operates on the philosophy that premature sexual activity and adolescent pregnancy in our culture are often symptoms of unmet needs or other family distress. Research indicates that young people who receive the majority of formal sexuality education from their families signifi-

cantly delay the onset of sexual activity. At the same time adolescence is a time when the young person needs to separate from his/her family of origin and establish himself as a productive, independent person.

The C.A.S.I. program seeks to balance these needs to produce a creative, functional relationship between parents and teens. C.A.S.I. relies heavily on the work of Erik Erikson as well as family theory developed by Murray Brown, Jay Haley and others. Our approach is the Family Life Education Mode.

C.A.S.I. Philosphy and Mission Statement, (Answer to Plaintiffs' Interrogatory #1); Zettel Aff. ¶ 10.

10. The general objective for the project is stated as:

Using a Family Life Education model, groups will be provided for parents and their adolescents. The goal of the group will be to help parents and adolescents understand sexual development, open lines of family communication and strengthen the role of parents. Training will be offered to school personnel and others dealing with adolescents to provide ways of reinforcing the family as a whole in the area of understanding and dealing with sexuality.

Def. App. 307006 (1982 Grant App., Narrative, p. 2).

11. This objective was to be achieved by forming groups of parents and their adolescents and providing six sessions to each group with parents and adolescents participating separately but concurrently. The sessions provide accurate information and allow participants assistance in reflecting on their own values. The sessions are intended to help parents and adolescents:

understand sexual development as a means of opening lines of communication among family members and strengthening the role of parents in dealing with adolescent sexual activity. Adolescents will be helped

to understand and deal more effectively with peer and societal pressures that can lead to premature sexual activity.

1982 Grant App., Narrative, p. 3 (Plaintiffs' App. IV, p. 341).

12. The target audience for the project is nonpregnant adolescents under seventeen and their families recruited through schools (public and parochial), parent-teachers groups, churches, recreational facilities (e.g. YWCA, YMCA), and similar organizations. 1982 Grant App., Narrative, p. 7 (Plaintiffs' App. IV, p.364); Zettel Aff. ¶ 9

13. The staff of the Adolescent Family Life Demonstration Project has not provided any religious or spiritual service, lecture, or event as a part of or in conjunction with or in cooperation with a Title XX grant project, nor have any such events occurred during its groups or workshops. Def. App. 307048 (Answers to Plaintiffs' Interrogatory #5). The project was not intended to present and has not presented a religious point of view. Zettle Aff. ¶ 12.

14. The Project Director of the project is Gail Zettel, who holds a Master in Social Work from the University of Michigan and is a member of the Academy of Certified Social Workers (A.C.S.W.) and the National Association of Social Workers. She is not Catholic. Zettel Aff. ¶ 1 & Exh. A.

15. A Citizens Advisory Committee was formed to review materials for the C.A.S.I. course. Membership on the committee was open to all who wanted to participate, and members were solicited from health professions, social workers, educators, politicians, clergy, and minority groups. As constituted, the advisory committee was composed of representatives from the medical profession, health education, social work, parents, private businesses, lay persons representing the Hispanic Community, and religious organizations (Catholic and Protestant). Among

the members of the committee were individuals associated with The Family Life Office of the Archdiocese of Detroit (one), CSS (two), the Christian Service Department of the Archdiocese of Detroit (one), the Office for Hispanic Affairs of the Archdiocese (one), St. Matthias Church (one), and Natural Family Planning (one). Zettel Aff. ¶ 11; Plaintiffs' App. IV, pp. 346, 350.

16. The committee representatives from the Archdiocese had specific expertise not relating to theological concerns: The representative from the Office of Hispanic Affairs assisted in translating materials into Spanish and in publicizing the program in the Hispanic Community. The representative from the Christian Service Department was a graphic designer who assisted in the preparation of brochures and in editing C.A.S.I. publications for style only. Zettle Aff. ¶ 11.

17. A draft curriculum outline was submitted to OAPP in December 1982. Def. App. 30701-307021. The curriculum does not contain religious references or statements. *See id*; Def. App. 307022-307033 (Curriculum submitted to HHS, Feb. 13, 1984 to OAPP).

18. The curriculum used in the C.A.S.I. project was written by Gail Zettel, independently from anyone in the office of the Archdiocese. Members of the Citizens' Advisory Committee assisted in reviewing the material and one representative from the Archdiocese helped in editing the curriculum because of her expertise in editing. Zettel Aff. ¶ 15.

19. Originally the brochure to be distributed to the public was to have the names of the Archdiocese of Detroit and CSS listed. To more accurately reflect the status of the project, the wording was changed to "Federally Funded Adolescent Family Life Demonstration Project, administered by Catholic Social Services of Wayne County." Zettel Aff. ¶ 13; Plaintiffs' App. IV, p. 347.

20. Among the groups approached to publicize the project were: Family and Neighborhood Services, Dearborn Public Schools, Detroit Public Schools, Public TV Channel 56, The Detroit News, Women's Resource Center of Oakland Community College, Livonia Public Schools, Radio Stations WXYZ, WWJ, WDIV, Channel 4, United Cable Vision, the Mellus Newspapers, The Northeast Detroit Newspaper, Von Stueben Homeowners Newspaper, The Trenton Times, Metropolitan Hospital Association, Observer and Eccentric Newspapers, Dearborn Times Herald, and Grosse Point News. Zettel Aff. ¶ 16.

21. Outreach efforts (telephone calls, letters, in person contacts), in addition to the mass mailings to parishes and 21 churches, included contacts with over 77 public, community nonsectarian organizations such as hospitals, public schools, state and local health and social service agencies, education institutions, neighborhood associations, charities, recreation organizations, parent-teacher groups, and local political subdivisions. Among the organizations which the Project has contacted in its outreach are: The Detroit Public Schools, River Rouge Public Schools, P.T.A., Livonia Public Schools Adult Education, "Teen Stop" Health Services of Detroit Health Department, State of Michigan Board of Education, Norwayne Residents Association, Wayne Club for the Developmentally Disabled, YWCA's, Campfire, Inc., Hospitals, Parents Anonymous, Detroit Mayor's office. Zettel Aff. ¶ 17; Plaintiffs' App. IV, 360, 391 (December 1983 progress report); Def. App. 307059 (1984 Continuation application, Project Summary, p. 13). In addition, news releases and flyers about the programs were sent to all newspapers in the metropolitan Detroit area. (See number 20 *supra*.)

22. In addition, press releases and flyers about the programs were sent by CSS to over 150 secular community, city, county, or private health, social service, education, charitable, and law enforcement organizations, agencies or corporations. See Zettel Aff. ¶ 17 for a partial list.

23. The general information brochure and fact sheet sent to all groups does not contain references to the Catholic Church, the Pope or other religious institutions. Zettel Aff. ¶ 18 and Exh. E; Def. App. 307057-307058. (Brochure attached to CSS answers to Plaintiffs' interrogatories).

24. Group participants were recruited from all agencies referred to in numbers 20 and 22 above, as well as through newspaper articles. Zettel Aff. ¶ 19.

25. Group meetings under the project have been held at eleven parish sites, and at 13 non-religious group sites including: P.A.C.T. (Parents and Children Together (3 groups), Foster Parents Coalition (3 groups), Family and Neighborhood Services, Golightly Vocational Center Parents Association, Wayne State University Center for the Retarded, Franklin Wright Settlement House, Downriver YWCA (2 groups), Western YWCA. Plaintiffs' App. IV, p. 368-72, Zettel Aff. ¶ 20.

26. Service orientation and informational meetings about the C.A.S.I. course were held at the following nonsectarian locations: Center Point Crisis Center, Delray Community Center, Chass Health Center, Ann Arbor Trail School, Detroit School Subcommittee on Human Sexuality, Barlingane Neighborhood Association Center for Creative Change, North Central City Hall, Metropolitan Hospital. Zettel Aff. ¶ 25. Information meetings were also held at the office of the Archdiocese of Detroit, the Archdiocese Christian Service Department, Church of the Good Shepherd School, St. Paul's School, St. Mary's of Wayne, Christ the King School, and Sacred Heart Seminary Vicar's meeting. Plaintiff's App., IV, pp. 368-72.

27. The project charges fees for the sessions on a sliding scale based on the individual's ability to pay. Zettel Aff. ¶ 21.

28. Observers are not allowed by CFS at the C.A.S.I. group program, including nuns and priests. Zettel Aff. ¶ 22. On one occasion, a nun (the school principal) and a priest attended one C.A.S.I. session held at St. Christine's without informing the Director beforehand. Because of this C.A.S.I. policy, they were asked to leave and did not attend subsequent sessions. *Id.*

A priest and nun did attend a general information meeting held at St. Gemma's School (Plaintiffs' App. IV, p. 374), but did not attend the actual sessions. Zettel Aff. ¶ 22.

29. If the issue of the Catholic Church's position on abortion is raised in a C.A.S.I. session by participants, instructors have been told by the project director to direct questions to a member of the Catholic clergy. Questions about the morality of abortion are directed to the questioner's family or religious leader. Zettel Aff. ¶ 27.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, et al.,

v.

MARGARET HECKLER, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL., DEFENDANTS.

DEFENDANT'S STATEMENT OF MATERIAL FACTS PURSUANT TO LOCAL RULE 1-9(i)

St. Margaret's Hospital of Dorchester, Massachusetts

1. St. Margaret's Hospital in Dorchester, Massachusetts is a voluntary, nonprofit hospital, incorporated under the laws of the Commonwealth of Massachusetts, offering obstetrical and gynecological services to women regardless of race, color or creed. It also provides ambulatory care to women, infants and children, provides shelter and prenatal care and education for unwed mothers at its facility on hospital grounds known as St. Mary's Home, coordinates educational programs, and conducts research (Fincke Exh. 3). It is an official referral hospital for high-risk expectant mothers and one of six centers in Massachusetts designated as a "transfer" hospital for high-risk newborns. (Pl. App., Vol. 2, p. 8, Employee Handbook, p. 2). It is affiliated with the Tufts University School of Medicine for the training of physicians. (Pl. App., Vol. 2, p. 3, *Id.* , p. 4).

2. St. Margaret's is a Catholic Hospital. It does not provide abortions (Fincke dep. p. 41). It also does not provide referrals for abortions or abortion counseling. (Hirsch dep. p. 13). The adolescents know that they have these options (Fincke dep p. 41). The Hospital also does not provide contraceptives and does not refer clients elsewhere for such services (Fincke dep. p. 40).

3. St. Margaret's is governed by an 18 person Board of Trustees. The Board includes both lay and clergy members, composed of 4 clergy (Cardinal Medeiros, Auxiliary Bishop D'Arcy, Rev. Richard Little, Rev. McNamara, Executive Director of Catholic Charities) and 14 laypersons. (Fincke dep. p. 64; A. 711215).

4. The Administrator of St. Margaret's at the time of its Title XX grant application was Sister Mary Alice Roach. Its current Administrator is Sister Kathleen Natwin.

5. According to its 1982 grant application, hospital services at St. Margaret's "are provided in accordance with the teachings and philosophy of the Roman Catholic Church." (Fincke Exh. 3), which was interpreted by the Director of its Family Life Education Program to mean that St. Margaret's served everyone without regard to race or creed (Conroy dep. p. 66).

6. St. Margaret's has a chapel (Hirsch dep. p. 57).

7. St. Margaret's is affiliated with a Massachusetts organization that works with pregnant or parenting teens, the Alliance for Young Families. Forty other agencies in the Boston area belong to it. (Hirsch dep. pp. 36-37).

8. St. Margaret's has a separate building facility known as St. Mary's school, an accredited alternative high school for pregnant adolescents, operated by St. Margaret's under contract with the Boston school system. It is open to all pregnant adolescents in Boston, with a capacity of 25. At any one time, approximately 4 to 5 of the residents of St. Mary's home attend it. It has no religious symbols and is not a parochial school (Fincke dep. pp. 60-63).

8A. St. Margaret's Hospital is not owned by the Archdiocese of Boston (Fincke dep. p. 64).

9. It is not a condition of employment at St. Margaret's that the individual be Catholic, nor is it a condition of receiving services at the hospital (Fincke dep. p. 65; Hirsch dep. p. 86).

10. Ms. Fincke's staff is approximately one-third Catholic, one-third Jewish, and one-third Protestant (Fincke dep. p. 66).

11. It is not a condition of residence at St. Margaret's home for unwed mothers, St. Mary's Home, that the adolescent be a Catholic (Hirsch dep. p. 86).

12. In April, 1982, St. Margaret's applied for a Title XX grant in which it proposed to offer both care and prevention services. (A. 711433) It was awarded $164,000 for prevention services and $282,806 for care services in 1982. (A. 711002) In 1983, its grant was renewed, $164,000 for prevention services and $302,000 for care services. (A. 711004; Pl. App. 11).

13. Prior to its receipt of grant monies under Title XX, St. Margaret's had been a grantee under a predecessor Federal statute known as Title VI. (Bouchard-Fincke dep. p. 10).

14. The St. Margaret's Title XX grant program has been composed of four separate components: Family Life Education (prevention), Decisionmaking Groups (care), Career Education (prevention), and postpartum pediatrics (care) (Fincke dep. p. 13) (see paragraph 90).

15. From August 1982 until March, 1984, Nancy Bouchard-Fincke was Director of the Family Life Services Department of St. Margaret's and the project director of the Title XX grant (Fincke dep p. 5). She had been hired to administer St. Margaret's Title VI program. As project director, half of her salary was paid for under the grant, as were the salaries of eight to ten individuals at St. Margaret's, including five individuals in the Family Life Education Department. (Fincke dep. p. 11). Ms. Frances Kellogg is the current Project Director.

16. Mary Conroy, a registered nurse and employee of St. Margaret's since 1955, has been the Director of the Family Life Education program. (Conroy dep. p. 6).

17. Janet L. Hirsch, a social worker at St. Margaret's, is the Coordinator of Social Services in the Family Life Social Services Department. She is responsible for the operations of St. Mary's Home, a staff of 6 social workers, and Decisionmaking Groups for adolescents considering adoption (Hirsch dep. p. 3). There are four other social workers in another Department, the Social Service Department (Hirsch dep. pp. 5-6).

18. Ms. Hirsch has reported to Ms. Fincke, while Ms. Conroy has reported to the hospital Administrator (Fincke dep. pp. 7-8; Hirsch dep. p. 32).

19. Ms. Fincke has not had any meetings with the Archdiocese of Boston concerning the Title XX grant (Fincke dep. p. 46).

Care Programs

20. The care component of the Title XX grant includes decisionmaking groups for adolescents, a post-adoption group, and training programs in the community (Hirsch dep. p 7).

21. Ms. Hirsch is in charge of these programs and supervises six social workers, two of whom are currently funded by the grant. The seven social workers employed in the Family Life Service Department of St. Margaret's counsel teenagers both in St. Mary's Home for unwed mothers and the outpatients being served by the Department. Formerly, half of Ms. Hirsch's salary was funded under the grant, but she is now paid in full by the hospital (Hirsch dep. pp. 4-6). The two social workers funded by the grant perform services identical to those conducted by the other social workers. The two social workers also run teenage Decisionmaking Groups, post-adoption groups and training programs. (Hirsch dep. pp. 7-8).

22. The Social Services Department of the Family Life Services Department sees about 300 adolescents each year (Hirsch dep. p. 40).

23. Of Ms. Hirsch's social work staff, all but one are lay people. The nun is not one of the staff funded by the grant (Hirsch dep. p. 86).

24. The adoption Decisionmaking Group is conducted by two of the social workers funded under the grant, and is an eight week group that explores motivations for pregnancy examines myths and realities regarding parenting and adoption and focuses on decisionmaking to help the adolescents reach good decisions on whether to place their child for adoption. It also includes child care instruction. (Hirsch dep. pp. 69, 77-80). Approximately 80% of the participants parent and 20% choose adoption (Hirsch dep. p. 74).

24A. St. Margaret's sent its curriculum for the Decisionmaking Groups to OAPP on February 1, 1984 (A. 711328, 711329-711381).

25. Clients seen by Ms. Hirsch's staff are provided with full information on all methods of contraception and their use and whether the client will (or should) use birth control. Health risks associated with contraceptives would be discussed if the adolescent raised that issue. No specific referrals for contraceptives are made. The clients usually indicate that they know they can get contraceptives from local health centers or clinics. Clients are told that if they are going to remain sexually active, they should use birth control (Hirsch dep. pp. 48-50, 52).

26. Ms. Hirsch instructs her social workers that they may not counsel abortion or make abortion referrals. (Hirsch dep. p. 30).

27. Only one teenager who came to the Department for counseling has asked about abortions. Ms. Hirsch and the social worker discussed the issue and determined that

the teenager should go elsewhere for the information. The teenager subsequently chose to give birth and place her child for adoption (Hirsch dep. pp. 70-77).

28. If an adolescent indicated that she wanted natural family planning, Ms. Hirsch's staff could refer them to that part of the hospital. One adolescent has indicated an interest in natural family planning, but it is not known if she participated in the St. Margaret's natural family planning program. (Hirsch dep. p. 50).

29. St. Mary's Home is a home for unwed mothers with a maximum of 20 adolescents in residence at any one time. Approximately 80 to 100 are there during a year. The adolescent must be four months pregnant before she can stay there (Hirsch dep. pp. 54-55).

30. There are some crucifixes on some of the walls at St. Mary's, including the TV room and the lounge. It does not have a chapel (Hirsch dep. p. 56).

31. The residents receive counseling from Ms. Hirsch's staff and are educated by Ms. Hirsch's staff as to all methods of contraception (Hirsch dep. p. 75).

32. The residents of St. Mary's Home also receive individual and group counseling. (Hirsch dep. p. 76).

33. A priest is available to speak to the residents of St. Mary's if they wish to speak with him. (Hirsch dep. p. 38).

34. On only a few occasions (two or three) on an annual basis have pregnant adolescents in Ms. Hirsch's program inquired concerning whether to keep their child or have an abortion. In these situations, the social workers have asked the adolescents to examine why they are considering each option and what would be the consequences. In such situations, the social worker follows professional guidelines to help the client examine her own choices. If the adolescent requested an abortion referral, the staff would provide no specific suggestions. (Hirsch dep. p. 18, 22, 25-27).

35. The adolescents who participate in Ms. Hirsch's program are in the late second, or third trimester of their pregnancies, when abortion is no longer a viable option. (Hirsch dep. p. 78). This is true of the Decisionmaking Groups on adoption (Hirsch dep. pp. 79-80).

36. St. Margaret's has referral arrangements for adolescents with the Massachusetts Department of Social Services, Catholic Charities, Boston Children's Services, area hospitals such as St. Elizabeth's, Brigham and Women's and Beth Israel. (Hirsch dep. p. 41).

37. St. Margaret's also operates a 24 hour Teen Hot Line, staffed by employees of the Family Life Services Department. It receives zero to three calls per day (Hirsch dep. pp. 42-44). If teens call for abortion information, they are told that St. Margaret's does not provide that service and are given no referrals except the phone book (Hirsch dep. p. 45). If a teen thinks that she is pregnant, she is advised she can come to St. Margaret's for a free pregnancy test. (Hirsch dep. p. 45). The Hotline is not a funded activity under the Title XX grant.

38. Ms. Hirsch's social workers receive various training on family therapy, suicide prevention, nutrition, assessing social service needs of pregnant adolescents and career education (Hirsch dep. p. 47).

39. When clients have asked about birth control, there have been no questions raised or discussions about Catholic Church teachings on that topic. (Hirsch dep. pp. 52-53).

40. Ms. Hirsch's social work staff have performed training and information workshops at social service programs such as the Mannet Health Center, Concord Family Services, St. Elizabeth's Hospital, etc. on issues such as adoption awareness and sensitivity. (Hirsch dep. pp. 57-58).

41. Nursing staff at St. Margaret's see teenagers when they come in for a pregnancy test. (Hirsch dep. p. 59).

Two nurses and a midwife are available for counseling (Hirsch dep. p. 64).

42. If a test is negative, the teenagers are told they may receive instruction in natural family planning from the Hospital. They are not told about other methods of birth control or given referrals, since this is prohibited by the Hospital. (Bouchard-Fincke dep. p. 40).

43. While Project Director, Ms. Bouchard-Fincke was responsible for hiring the nurses who work in the Family Life Services Department. When interviewing applicants, she informed them of the Hospital's policies on abortion and contraception (Bouchard-Fincke dep. p. 42).

44. Ms. Hirsch's staff do not do any instruction or promotion of any specific religious views to any of the adolescents they see (Hirsch dep. p. 86). None of the materials used in Ms. Hirsch's care programs has religious content. (Hirsch dep. p. 87).

45. In the pediatrics portion of the care program, adolescents receive services from a Pediatric Clinical Nurse Specialist, who provides prenatal care and postpartum care, including home visits. The Nurse Specialist also offers Parenting Classes and a "Water Babies" class (1984 Continuation App., A. 711382-386).

Prevention Program

46. The Family Life Education program at St. Margaret's has presented courses on sexuality and family life to children in grades kindergarten through twelve at parochial, private and public schools in the Boston area, and to community groups.

47. During the 1982 and 1983 grant cycles, the Family Life Education program had been presented predominantly to Catholic parochial schools and parishes (A. 711387-711432).

48. As of February, 1984, one school in the Boston City school system and five other public schools had

received the St. Margaret's program. The Boston school received the program for only one grade, but has requested a full three-grade program. Ms. Conroy has received requests for it from public schools outside the city. (Conroy dep. pp. 96, 189-90).

49. Ms. Conroy has a staff of 12 health educators assigned to this program. The staff are all lay people and Ms. Conroy does not know if they are all Catholics (Conroy dep. p. 193).

50. Portions of the salaries of four of her staff, totalling 58 hours per week have been paid for by Title XX grant funds. These staff submit time cards to document their hours. Ms. Conroy's salary is not paid for by grant funds. (Conroy dep. pp. 26-27).

51. The Family Life Education program has constituted approximately 10–15% of the Title XX grant. (Fincke dep. p. 67).

51. The Hospital's Family Life Education Program has been presented through two separate curricula, the first entitled "Family Life Education Program" (Conroy Dep. Exh. 6) ("the first FLE curriculum"), and the second entitled "Family Life Education Program, APH-000-711-01-0" (Conroy Exh. 7) ("the second FLE curriculum"). Each of the written curricula contains information on human physiology, dating, adolescent sexuality, contraception and abortion. Grades K-9 receive general information on human anatomy, puberty and gestation. Only grades 10 to 12 are taught about contraception and abortion. The curriculum in grades 10 to 12 discusses the problems of drug and alcohol abuse.

52. The first FLE curriculum was developed over the course of several years and has been utilized by Ms. Conroy in parochial schools in the Boston area. (Conroy dep. pp. 90-94; Conroy Exh. 6).

53. When Ms. Conroy's staff has presented the Family Life Education Program in parochial schools or Catholic parishes, the first FLE curriculum has been used. (Conroy dep. pp. 90-94). Catholic schools have accounted for approximately 75% of these types of programs. (Conroy dep. p. 106).

54. The first FLE curriculum has never been presented in public or non-Catholic schools. The second FLE curriculum thus has been used at public or non-Catholic schools or for groups other than Catholic parishes. (Conroy dep. p. 198). The second FLE curriculum thus was presented to the Quincy Point Congregational group (Conroy dep. p. 113).

55. Prior to presenting the school Program, Ms. Conroy or her staff meet with parents and give them an overview of the program. Parental consent is required for participation in the school program. Parental participation in the intoductory parent program is an integral part of the Program and is mandatory for grades kindergarten through eight. For upper level grades, parent sessions occur 50% of the time (Conroy dep. pp. 107, 130-131, 149).

56. When the first FLE curriculum has been presented in parochial schools, it has been given during regular school hours. It is given the majority of the time in biology or science classes. The teacher is not present during the St. Margaret's presentation, except at grade levels kindergarten and first grade, so as to relieve anxiety of younger students about strangers being in their classroom. (Conroy dep. pp. 105, 108).

57. When Ms. Conroy's staff presents the Church's teachings on abortion and contraception in the first FLE curriculum (grades 10 to 12), their purpose is informational. Ms. Conroy and her staff recognize that the adolescents will have to make their own decisions on abortion (Conroy dep. p. 185). The participants in the program

are not surprised to hear the information on the Church's teachings. (Conroy dep. pp. 185-186).

58. When Ms. Conroy's staff presents its materials on abortion, abortion is discussed in full. (Conroy dep. p. 185).

60. The discussion on abortion constitutes approximately 10 minutes of a six hour class presentation (Conroy dep. p. 188).

61. When an inquiry is made concerning the presentation of a program at a parochial school or parish, Ms. Conroy requires the organization to provide a donation to help defray the cost of the program. The donation can range from $200 to $1,000. The purpose of this requirement is to help the Program be self-sustaining, in recognition that Title XX funds eventually will not be available. (Conroy dep. pp. 191-92).

62. When an inquiry is made concerning the presentation of the program at a public school in the target area identified by the Title XX grant, Ms. Conroy does not charge for presentation of the program. (Conroy dep. *Id.*).

63. The donations by the parochial schools and parishes defray approximately 75% of the cost of the program (Conroy dep. p. 193).

64. The films used in the two FLE curricula are used in both public and parochial settings. They contain no religious references. (Conroy dep. p. 122).

65. Ms. Conroy and her staff use the FLE curricula for teaching, but do not disseminate the text of the curricula to the participants. (Conroy dep. p. 187).

66. The first FLE curriculum was developed by Ms. Conroy as follows: grades 7-12, completed in 1980, grades K-6, 1982-1983. Revisions to the first FLE curriculum were made during the summer of 1982 and the summer of 1983. She developed the second FLE curriculum during the summer months of 1982 and 1983 for grades K-6, completing the curriculum by January, 1984. (Conroy dep. pp. 195-96, 155).

67. When Mrs. Conroy's staff present the Family Life Education program in parishes, clergy members do not usually attend the programs. If they attend, they do so as members of the audience, not as contributors to the program. Nor do such clergy members answer questions (Conroy dep. p. 143).

68. Ms. Conroy does not know the religious affiliations of the participants when the programs are presented in Catholic parishes. (Conroy dep. p. 140).

69. Ms. Conroy has given presentations concerning the Family Life Education program to various groups, including on one occasion the Somerville Ecumenical Clergy Association. That group is composed of clergy of various denominations. She received a donation for providing it to the Association. (Conroy dep. p. 163).

70. The 1982 St. Margaret's grant application indicates that a clergy program will be presented under the grant. No such program has taken place, however; nor has one been requested (Conroy dep. p. 158).

71. Ms. Conroy has taught segments of the Family Life Education Program to the adolescent girls in residence at St. Mary's Home. It was not presented at the Home itself (Conroy dep. p. 60). This occurred during only the 1982 grant cycle. The second FLE curriculum was used. (Conroy dep. p. 60, 110).

72. The residents of St. Mary's Home are now taught fertility awareness by a nurse who is not funded under the Title XX grant. (Fincke dep. pp. 57-59).

73. Ms. Conroy is developing a sex education program for parents, which has been funded and begun. It is a 12 hour course. Approximately 200 parents from four Catholic parishes have participated in it. (Conroy dep pp. 151-153).

74. Ms. Conroy is interested in presenting the program at more public schools. (*Id.* p. 190).

75. When it applied for funding in 1982, St. Margaret's sent a curriculum outline to HHS. That outline contained no religious references (A. 711433-711437). The grant monies provided in the first year were to develop a curriculum (Rosengard dep. p. 92-93).

76. On January 11, 1984, Ms. Fincke transmitted to Barbara Rosengard of OAPP, the Project Officer for the grant, the St. Margaret's Family Life Education Program curriculum. The curriculum sent was that for the public schools, the second FLE curriculum (Fincke dep. p. 17; Fincke Exh. 2).

77. Ms. Fincke reviewed the second FLE curriculum in December, 1983, prior to her transmitting it to OAPP. (Fincke dep. p. 15).

78. The first FLE curriculum was not submitted to OAPP for its review and approval. Until December, 1983, Ms. Bouchard-Fincke was not aware that religious materials were contained in the Hospital's preexisting Family Life Education Program offered in parochial schools. (Fincke dep. p. 25).

79. While aware that the Hospital had a preexisting Family Life Education program functioning in parochial schools, Ms. Fincke did not consider it to be related to grant because the grant was not subsidizing the creation of that curriculum (*Id.* p. 17). She believed that the program was based on the same outline appended to the 1982 grant application, which she had reviewed (*Id.* pp. 15, 25).

80. Rosengard first learned of the first FLE curriculum in February, 1984, when Director Mecklenburg asked for all of the St. Margaret's curricula in HHS files. (Rosengard dep. p. 89).

81. Rosengard had made no inquiries about the second FLE curriculum while it was being developed. (Rosengard dep. p. 94).

82. Rosengard made a site visit to the Hospital in June, 1983. She visited the Hospital and accompanied

Ms. Fincke to a parochial school in the North End of Boston to observe a class in the prevention program, then visited other classes at the Hospital and its clinic. She also visited Boston Chinese YES, a subgrantee of St. Margaret's (Rosengard dep. pp. 95-96; Fincke dep. p. 25). No religious materials were being presented in the parochial school program during their visit. (*Id.*).

83. Rosengard did not review any curriculum materials during her site visit (Rosengard dep. p. 97).

84. On April 16, 1984, Director Mecklenburg sent a letter to the Administrator of St. Margaret's advising her that OAPP would not allow St. Margaret's to use Title XX monies to present the first FLE curriculum in the grant program. (A. 711438-711439).

85. On August 2, 1984, St. Margaret's responded to Director Meckenburg's letter and informed her that the Family Life Education program funded with Title XX monies would be presented only in public school settings. (A. 711440).

86. On September 12, 1984, Director Mecklenburg responded to this letter, clarifying that the Family Life Education program presented in parochial schools would have no relationship to the Title XX grant and that the curriculum to be used in public and private school settings would continue to be the second FLE curriculum (A. 711441).

Career Education Program

87. The second component of the prevention program has been a Career Education Program, administered by Ms. Fincke while she was Project Director. (See paragraph 90).

88. The program has been presented to elementary schools (parochial and public) in the Boston area. During the period October, 1982 to June, 1983, it was presented to

four parochial schools. During the period September, 1983 to April, 1984, it was presented to nine parochial schools, three public schools (a fourth had cancelled due to the departure of its own career education teacher), and one Family Y group. In order to achieve wider dissemination of the program in the public schools, St. Margaret's staff contacted the Boston Public School System's Institute for the Professional Development of Teachers and each of Boston's nine Community Superintendents. (A. 711442-711446).

89. The program's curriculum contains no religious references or materials. (A. 711216-711327). It is taught by two of St. Margaret's lay staff, Mr. Jay Lodie and Mrs. Bonnie Spendley. (A. 711447-711448). St. Margaret's transmitted its Career Education Program curriculum OAPP on February 1, 1984. (A. 711328). It was resubmitted to OAPP as part of St. Margaret's July 1, 1984 continuation application. (A. 711328).

90. The program is no longer part of the Title XX grant (Oct. 12, 1984 letter to the Hospital from OAPP, Attach. J. to Mechlenburg Dec., Oct. 22, 1984).

SeMO Association of Public Health Administrators, Inc.

1. The SeMo Association of Public Health Administrators, Inc. ("SeMo") was incorporated August 22, 1973, and is a not-for-profit Missouri corporation. (A. 705007) The Board of Directors is composed of the Administrators of five Public Health Departments in the Bootheel area. (*Id.*) The purposes for which the corporation was formed include the following:

   1. to organize and educate the administrators of the health departments in the six-county region concerning the health needs and problems in the six-county area,
   2. to cooperate with regional planning bodies in developing and implementing new health programs in the health delivery system for the six-county region,
   3. to receive funds for the development and implementation of comprehensive health services on a regional basis, and
   4. to enter into contracts for the implementation of health services (1982 application, Project Narrative, pp. 1-2, A. 705007-705008)

2. SeMo presently operates the following health service programs:

   1. *SeMo Regional Home Health Agency* – Provides home care services to residents of the Bootheel counties.
   2. *Bootheel Dental Health Project* – Provides comprehensive dental care to indigent children kindergarten care through third grade in mobile dental units located at elementary schools in three of the Bootheel counties, along with dental health education provided in the school setting.

3. *Women, Infants and Children Nutrition Program*—Nutrition education, counseling and food supplements to nutritionally or medically at-risk expectant mothers infants and children up to age five in all six counties of the Bootheel.
4. *Bootheel Maternal and Child Health Project*—Prenatal care through the county health departments to patients who have been unable to receive care from a physician.
5. *Bootheel Adolescent Family Life Project*— Community education, nursing follow-up with pregnant teens and adoption counseling.
6. *In-Home Service Program*—Provision of homemaker/chore and personal care services in the six counties of the Bootheel. (Personnel policies, eff. 8/18/83, *Preface*)

3. SeMo is not affiliated with any religious organization. (letter of 12/29/83 to Sanchez-Dirks, A. 705031). SeMo's services are made available without regard to race, creed or economic status. (Affidavit, Campbell) SeMo does not inquire as to the religious affiliation of clients or prospective clients. (*Id.*)

4. SeMo does not inquire as to the religious affiliation of employees or prospective employees. (*Id.*) In the employment of workers, "selection is made on the basis of merit and competence regardless of race, color, religion, sex, national origin or age" (*Id.*)

5. By application dated April 30, 1982, SeMo applied for $109,115 in Title XX funds for a demonstration project "to develop methodologies for the prevention of early adolescent sexual activity and teenage pregnancy in the rural setting." (1982 appl., A. 705006)

6. The 1982 application states that the goal of this project is:

> to demonstrate effective and acceptable strategies for preventing early and inappropriate adolescent sexual activity and teenage pregnancy in a highly conservative and religious rural area. The applicant's Board of Directors and management team share the conviction that the attainment of this goal is only possible with the full support and guidance of the community's most important social institutions—the family, the church and the school, with the family being the most important and critical to its success. (1982 appl., narrative, 20, A. 705009)

7. The 1982 application set out the following program objectives to achieve its goal.

1. To demonstrate the effectiveness of a family/church based approach to positive self image and sexuality training for adolescents as a means of preventing early sexual activity and teenage pregnancy
2. To demonstrate methods and techniques for increasing parental involvement and effectiveness in preventing adolescent sexual activity.
3. To demonstrate the effectiveness of intensive postnatal follow-up as a method of preventing subsequent adolescent pregnancies.
4. To demonstrate the efficacy of adoption as an alternative for adolescent parents and as a factor in the prevention of additional out-of-wedlock pregnancies through a program of positive peer influence and educational services.
5. To develop strategies for the accomplishment of the above objectives that can be effectively incorporated into the continuing function of community institutions such as schools, churches, social and health agencies following the termination of this project.
6. To develop and apply measurable evaluation criteria for each of the above objectives and the applicable action steps. (*Id.*)

8. In detailing the practical workplan for the demonstration project, SeMo outlined in their grant application that:

> Objective 1: To demonstrate the effectiveness of a family/church based approach to positive self image and sexuality training for adolescents as a means of preventing early sexual activity and teenage pregnancy.
>
> Action 1: To develop and implement (from existing resources) parenting programs and youth development services designed to build self esteem in at least five different church and family settings with at least 50 youth ages 12 to 13 participating in a five year follow-along study.
>
> Action 2: To train instructors from area churches and assist them in establishing parenting and youth development programs with a goal of providing continuing services to at least 500 youth.
>
> Objective 2: Step 2: To sponsor and staff parent/child education seminars in area churches.
>
> Action Step 3: To advocate and provide training for team youth counselors (man and wife) in area churches.
>
> Objective 5: To develop strategies for the accomplishment of the above objectives that can be effectively incorporated into the continuing function of community institutions such as schools, churches, social and health agencies following the termination of this project.
>
> Action Step 1: Project staff will train permanent staff in area churches, schools and other institutions in the application of strategies with proven effectiveness.

(1982 appl. project narrative, A. 705010-705011)

9. According to the 1982 application, "Participation by families, religious and charitable organizations and other groups in the private sector is essential to the project's success. In fact, the very purpose of this project is to demonstrate that prevention of teen sexual activity and teenage pregnancy can be brought about through direct involvement by such groups." (*Id.*, 41, A. 705013).

10. By notice of Grant Award dated September 30, 1982, SeMo was awarded $100,000 under Title XX. (A. 705001)

11. By letter of October 19, 1982, SeMo's Executive Director reported the following to HHS:

> Although we only initiated our workshop program in late August, to date we are having tremendous success in selling these educational services to the conservative, fundamentalist community that has, in the past, been the most vigorous opposition to sexuality education programs. We are now negotiating to provide this preventive service to parents of Headstart children at eighteen different sites in our service area. The most encouraging thing about our success with the fundamentlists and headstart program is the probability that in working with these groups we will have the greatest opportunity to affect attitudes and actions in a population that, until this time, had not had access to these kinds of educational services.

(A. 705027)

12. The October 1982 report also stated that of four workshops scheduled after September 30, two were scheduled for churches, the First Baptist Church of Kennett and the Dexter First Assembly of God. (Oct. 19, 1982 letter, attachment, A. 705029).

13. The project, as implemented, has "three distinct segments": (1) sexuality education for parents, consisting of the workshops; (2) nursing follow up; and (3) adoption counseling. (1984 application, narrative, 1, A. 705020).

14. By letter dated June 2, 1983, Patrict J. Sheeran of OAPP stated that:

> I was very pleased with the progress your project has made over the past seven months. Your project appears to be on target in meeting the objectives contained in your proposals. One of these objectives was to focus on families as the primary sex educators of their children. The project appears to be on target in meeting this objective. Your linkage with MCH/WIC programs is also commendable. As you mentioned, your program like many others is in need of help in the adoption area.

(A. 705014)

15. SeMo submitted an application for continuation funding in the amount of $100,000 on June 30, 1983. (1983 Appl. 1, A. 705015).

16. The Progress Report submitted with the 1983 application stated that, with respect to the project's first objective, from April 1983 on, 79 community organizations, consisting of 1275 individuals, participated in educational sessions. Of the 79 organizations, 25% were church or church-affiliated groups. The report further stated that the project had experienced no opposition from religious or other groups. (1983 appl, Progress Report, A. 705016). With regard to the second objective, the Report states that a three-part curriculum for parents had been developed, but not widely implemented. The third, fourth, and fifth objectives had not been fully implemented. (1983 appl., Progress Report, A. 705016-705018).

17. SeMo was awarded continuation funding in the amount of $100,000 by Notice of Grant Award dated September 30, 1983. (A. 705003). Condition #6 of the award required SeMo to submit its prevention curriculum to OAPP by December 31, 1983. (A. 705004)

18. By letter dated December 29, 1983, the Executive Director of SeMo submitted the prevention curriculum to OAPP for approval.

19. The curriculum for the parent sexuality education component of the project, is for a six-hour workshop and is divided into three sessions. The first session covers the following areas: (1) purpose of workshop; (2) why teach sex education; (3) why parents avoid sex education; and (4) four-point strategy to effective communication. The second session covers the following topics: (1) when should sex education begin; (2) talking to teens about sex; and (3) what every child should know about sex.[1] The third session covers the following areas: (1) film: "A Family Talks About Sex"; (2) applying the four-point strategy; (3) defining goals and action steps; (4) evaluation (*Id.*, A. 705034-705046).

20. The curriculum for the nursing follow-up component sets out the procedures of recruitment and provision of services to clients. (A. 705047-705048) Clients receive sexuality education and parenting education. (A. 705048) Birth control methods are provided, including birth control pills. (Curriculum, A. 705049).

21. For the period of January 1, 1983-November 30, 1983, the project provided informational presentations on teen preganancy to 2,042 adults and 536 adolescents; 37 adolescents were served as part of the Nursing Follow-up component of the project; 6 adolescents were served by the adoption component; and 82 parents were trained on the

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[1] Among the items listed in the curriculum section on "What All Children Should Know" was: "About All the Major Methods of Birth Control." The outline of methods of birth control covered the following topics with regard to each method: (1) how the method works; (2) how the method is used; (3) rate of effectiveness, (4) advantages and disadvantages.

Parent Sexuality Education Workshops. (A. 705032) Of the workshop participants, 50% were from civic-affiliated groups, 25% were from religious-affiliated groups and the remainder were affiliated with other types of organizations. (*Id.*, A. 705016).

22. By application dated June 30, 1984, SeMo applied for $85,740 in continuation funding under Title XX. (A. 705019) (1984 appl., p. 1).

23. The progress report states that a wide range of community groups have sponsored and participated in the parent education workshops. It attributes the "widespread support" of the program to the fact that "workshop leaders do not express or promote their individual values in the group setting and that the primary focus is to assist parents in becoming the sexuality educators of their children."(1984 application, narrative, A. 705021).

24. As of May 30, 1984, no community members had been trained to conduct the parent education workshops. In discusssing Objective 5, the 1984 continuation application states:

> The parent education workshop curriculum has been designed to stand alone and to be taught by lay educators with only minimal training. It is anticipated that a train-the-trainer model proposed for this and succeeding years will facilitate the development of trainers housed in local institutions who can continue this service long after the project is terminated.
>
> * * * * * * * * * *
>
> We anticipate the development of trained parent leaders in a variety of church, civic and social organizations in communities throughout the area, who within their own smaller population will be able to maintain this educational format over a long period of time. (1984 appl., narrative, progress report, A. 705022).

25. The proposal to train clergy in the 1982 application has not been implemented. (Aff., Campbell).

26. SeMo, as a matter of policy, does not permit the federally funded programs to be adapted by church organizations to the church teaching or doctrine or used as a platform for presentation of their teachings or doctrine. When particular churches have indicated that they would do this, SeMo has not presented its program through those churches. (Aff. Campbell).

Lyon County Health Department

1. The Lyon County Health Department ("Lyon County"), located in Emporia, Kansas, is a tax-supported health department which has no religious affiliation or mission. (A. 517022) Its governing body consists of an Emporia City Commissioner, a Lyon County Commissioner, and an Office of the County Medical Society. (A. 517032) Its purposes are: "wellness promotion, disease prevention, early intervention." It provides a range of nursing services, health education services, and environmental health services. (A. 517033)

2. Lyon County received $82,000 in Title XX funds for the period October 1, 1982-September 30, 1983 for a combination care and prevention services project. (A. 517034) The project was refunded for the following fiscal year in the same amount. (A. 517035)

3. The stated purposes of the project are:

(1) To find effective means of reaching adolescents utilizing the guidance and support available to them from parents and other family members.

(2) To promote prudent approaches to the problem of adolescent pre-marital sexual relations, including adolescent pregnancy.

(3) To promote adoption as an alternative for adolescent parents.

(4) To establish comprehensive integrated approaches in the delivery of care services for pregnant adolescents. (A. 517014)

4. Pursuant to a survey conducted in 1979, Lyon County developed a pilot program entitled "Growing up--A Good Time" ("GUAGT"). (A. 517036) The program was designed to provide a family-based sex education program for pre-adolescents, adolescents and parents. (*Id*).

5. With respect to prevention services, Lyon County proposed development of an expanded module on family communications, the decision process and parent-adolescent dialogue. (A. 517037) The proposed module would develop and expand the GUAGT program. (*Id*).

6. In the first grant year, the GUAGT curriculum was—

> greatly expanded. Material has been researched and rewriting has taken place. Facts about the adolescent's changing body feelings are primary information discussed through use of short lectures, questions and activities. Although a primary goal of the classes is to provide factual information, personal and group exercises in the areas of self awareness and esteem, value-setting, decision making and family relationships have been added to the curriculum. These exercises have been utilized in "GUAGT" classes already conducted, and serve as an aid in promoting the second major goal of the classes, increasing family dialogue. (A. 517038).

7. The philosophy of the GUAGT course states that:

> If a parent is able to communicate openly with his child about sexuality and development at an early age, then as the child enters adolescence he/she is more likely to approach the parent about information he needs. Especially since adolescence is often a time of frequent anxieties concerning oneself, it is a good time for the parent to have a backlog of communication. Of course, it is not possible to instruct in sexual growth and development, and, on the basis of knowledge alone, produce responsible behavior and self discipline. Family values, religious beliefs and the expectations of society must be included in promoting a healthy understanding of human sexuality.
>
> Therefore, to provide a more "complete" sexuality education, parents must be willing to share their values and beliefs with their children. This is the

"string that holds it all together," for without a basis and understanding of why, the factual knowledge can be interpreted in as many ways as there are individuals. (A. 517045)

8. The GUAGT facilitator's manual states, among the points facilitators presenting the course must remember, the following:

> (1) Stay objective. It is not a facilitator's option to judge, or recommend behavior on the basis of personal beliefs.
>
> * * * * *
>
> (7) Due to the nature of Adolescent Family Life Services and "Growing Up – A *Good* Time," we must require that you be a *facilitator*, presenting the class material contained within this manual, in the manner which we have set guidelines for. Any other material or presentation techniques not approved by Laura Pestinger will be unacceptable for "GUAGT." (A. 517053)

9. The section of the GUAGT facilitator's manual describing methods of contraception states:

> *Abortion*: Is the destruction of fetus before time of its birth. (Discussion is not included because it is *not* an option to consider. Decision about sexual activity must include acceptance of effects. *Abortion is not to be considered a form of contraception, and is only included here for reference in the case that a question is asked concerning it.*) (A. 517091)

10. One of the objectives of the 1982 grant application for the prevention component of the grant was an instructional package called "PATT" ("Parents and Teens Together"). However, it was subsequently decided not to implement this program. (A. 517001)

11. During the period October 1, 1983-May 31, 1984, 24 sessions of GUAGT were completed. Of the 17 sponsoring organizations presenting the program, two were religiously-affiliated: Sacred Heart Elementary School PTA and the Lutheran churches of Lyon County. (Progress Reports, A. 517015-517020)

12. According to the project director, where the GUAGT program is presented in public schools, the PTAs have selected public school settings. A group of classes was held in the health department lobby, where no religious symbols are displayed. The program at one local parochial school and a local Lutheran Church were held in rooms where religious symbols were displayed. (A. 517022)

13. An evaluation and summary report of the prevention program was prepared by eight members of the advisory board. The eight members consisted of a member of the Local League of Women Voters, a parent, a high school counselor, a Catholic Priest, two social workers, a nurse with the State Department of Health, and a local lawyer. (Progress Report of July 9, 1983, A. 517005-517013)

14. Under the care component, the following referrals were made in the period of April-June 1983: 9 to physicians; 12 to dieticians or WIC; 8 to social workers; 3 to S.R.S.; 1 to K.C.S.L; 1 to the Salvation Army; and 1 to Birthright. (A. 517039)

15. According to the 1982 grant application, under the pre-natal component of the care complement –

> Spiritual counseling will be promoted. Each pregnant adolescent and her family will be urged to make one formal contact with a church minister. (A. 517040)
>
> According to the project director, spiritual counseling is provided by referral, and only at the client's request to her choice of referral source. (A. 517023)

Tucson Unified School District No 1, Tucson, Arizona
Counterstatement of Material Facts

1. The Tucson Unified School District No. 1 ("TUSD") is a public school and, therefore, has no religious affiliation or mission. (A. 511005)

2. The Pima Associated Services for Adolescent Family Education Project ("PASAFE"), of which TUSD is the anchor agency, is a "collaborative entity formed of public and nonprofit agencies to develop and implement a comprehensive, integrated delivery system of care and prevention services to adolescents living in Pima County." (A. 511001)

3. TUSD contracts with six metropolitan based organizations to provide a comprehensive program of health, social, and educational services. These organizations include three health agencies: Pascua Yaqui Tribe Health Department, St. Elizabeth of Hungary Clinic, and El Rio Santa Cruz Health Center. Family social service agencies are Catholic Social Service, Jewish Family Service and Arizona Children's Home. The University of Arizona Health Services Center, Kino Community Hospital, and Pima County Health Department Clinic are used by PASAFE. The Teenage Parent Program of TUSD is an alternative school for pregnant and parenting youth and also provides prevention services. (*Id*).

4. The care component of the PASAFE project is designed to reduce the medical, psychological, social and educational risks of teen pregnancy, to help teen parents to prepare and implement future plans for about parenting or adoption, family living, education, career, and medical care, and to increase communication between diverse local cultures and service delivery systems to improve services to pregnant teens and their families and increase the speed and ease of referrals. (A. 511002)

5. The prevention component of the PASAFE project is designed to increase communication skills within the

family and peer groups, self-esteem, decisionmaking skills, value clarification skills, knowledge of adolescent growth and development, human reproduction, and sexuality, and awareness of family planning services. These objectives are accomplished by workshops and programs for parents, professionals, and children (A. 511003)

6. The St. Elizabeth of Hungary Clinic provides care services in the PASAFE program. It provides health care, counseling, and educational services. The clinic refers to and networks with a number of agencies. Students from TUSD's Teenage Parent Program receive health care at the clinic. Arizona Medicaid patients receive educational services at the clinic. Clients at the clinic are referred to Catholic Social Service for adoption counseling. (A. 511004)

7. The TUSD grant program has not provided any religious or spiritual services, lectures, or events. (A. 511005)

8. Although the official stand of Catholic Social Service and St. Elizabeth of Hungary Clinic is pro-life and anti-contraception other than natural methods, no materials are distributed or used which state this position. (*Id.*)

9. The agencies involved in the PASAFE program make available hundreds of filmstrips, books, pamphlets, booklets and other materials for teens, parents, and others on topics such as self-respect, stress, alcohol and teenagers, parents as sex educators, marriage, decision-making, biology, menstruation, human reproduction, family violence, pre-natal care, child care, single-parent families, parenting, childbirth, choosing doctors, child development, nutrition and baby foods. (A. 511009-511065)

Camden County Department of Health

1. Camden County Department of Health ("CCDH") received a grant under Title XX for the period October 1, 1982–September 30, 1983 in the amount of $420,000. (A. 522001) The grant was for a combination care and prevention services program (A. 522002) The grant was refunded for the following fiscal year in the amount of $420,000. (A. 522003)

2. CCDH is a public agency with no religious affiliation. (A. 522007)

3. The federally supported project consists of a coalition coordinated for the delivery of care and prevention services to adolescent and their families, with CCDH serving as the primary agency. (A. 522036) In addition, the following agencies provide services under the project: Rutgers University Regional Health Programs; JFK Memorial Hospital/University Medical Center; Osborn Family Health Center/Our Lady of Lourdes Medical Center; West Jersey Health System; St. John the Baptist Prenatal Clinic; Cooper Hospital/University Medical Center; Visiting Nurse and Health Association; Community Health and Nursing Services. (A. 522036) St. Johns' and Osborn are affiliated with the Roman Catholic Church (A. 522007)

4. The 1983 Progress Report states that the project would have a Community Advisory Committee, composed of at least 17 individuals as follows: (1) a County middle school principle who is very attuned to community needs and concerns and interested in family life education; (2) director of Planned Parenthood center serving County teens; (3) pediatrician who serves as a medical director of the County Office for Children; (4) mother of teenagers who volunteers for Contact, an emergency hotline; (5) director of YWCA daycare program for children of adolescent mothers; (6) social worker who works with the City Housing Authority and has lived in Camden City for

50 years; (7) leader of the Hispanic Community who works with the Puerto Rican Unity for Progress; (8) social service worker at the Children's Center who lives in a more rural portion of the County; (9) occupational health nurse residing in Merchantville; (10) bilingual lawyer who works with cases of child abuse and neglect in cooperation with the DYFS; (11) bank executive who has done volunteer work with Big Brothers and has two teenage sons; (12) director of the Black Peoples Unity Movement Daycare Centers who is a newly elected member of the City Board of Education; (13) priest who is Associate Director of the Youth Ministry for the Diocese of Camden and well known for his creative work with youth; (14) director of drug abuse program for teens; (15) two adolescent males (one from Camden City, one from Haddonfield; (16) adolescent female; (17) adolescent parent who has been through the Title XX program. Additional members will be added as needed. (A. 522040)

5. CCDH provides teacher training for family life education, classes for youth on sexuality and family life, and parent education workshops on communicating with children about sex. According to the project director, none of these programs has any religious orientation or content and religious or spiritual services, lectures or events have been provided as part of the project. (A. 522007)

6. The 1982 grant application states that "[d]iverse methods will be implemented to involve families, religious, charitable, voluntary organizations and associations in the family life/community training program." (A. 522038). Publicity for the program is to include brochures and posters as well as radio and television talk show programs. (A. 522039)

7. According to the project director, as part of the CCDH project's outreach program, letters have been sent to all county schools, institutions, agencies and clergymen

offering parent education workshops. (A. 522007) In addition, occasional presentations are made before church-related groups on topics of concern to the project. (*Id.*) None of these espouse, promulgate or support any religous philosophy, but deal simply with the content of family life education, prevention of adolescent pregnancy and related issues. (*Id.*)

8. The bulk of the CCDH prevention presentations under the grant have been made through County public schools, adult schools and professional agencies. (A. 522007) According to the grantee's 1984 progress report, in the period October 1, 1983-May 30, 1984, presentations were made to the teachers of 6 public schools, 23 presentations were made to students in public elementary, secondary and vocational schools, and 8 parent presentations were made in public schools. (A. 522032-522035)

9. St. John's and Osborn are care service sites. (A. 522015, 522025). CCDH's linkage agreements with them provide that they will perform the following services:

a. Provide pregnancy testing and maternity counseling, screening and treatment for venereal disease, nutrition information and counseling, prenatal and postpartum clinical services to pregnant adolescents 19 years of age or younger in accordance with the New Jersey Department of Health Publication "Standards for Prenatal Care Services" for a period extending one (1) year postpartum.

b. Provide said public health services in accordance with the "Primary Person Concept" as defined in the Camden County Adolescent Family Life Grant Application.

c. Provide directly all obstetrical services the CONTRACTOR is capable of providing and, where necessary, coordinate appropriate referrals to

other agencies for additional health and/or social services, if needed.

d. Provide, as needed, all necessary services for the delivery of patients in accordance with accepted medical standards.

e. Maintain an informational service and referral procedure to encourage private physicians, hospitals, and social agencies to refer appropriate cases to the prenatal clinic.

f. Provide for information and guidance on physical and emotional aspects of pregnancy, adoption, parenting, life planning through counseling, scheduling of home nursing visits, nursing conferences, and educational services involving both adolescents and their families as possible and appropriate. (*Id.*)

10. Both St. John's and Osborn provide secondary prevention services. (A. 522041). The Progress Report submitted with the 1983 continuation grant application states that Osborn and project staff have presented programs in "three catholic churches . . . (and) have visited 6 high schools, among them Camden County Vocational Schools. . . ." (A. 522041-522042). Other community visits have included "the Lighthouse Community group for pregnant teens, Planned Parenthood and Birthright." (A. 520042)

11. Although the 1983 Progress Report stated that St. John's was developing a Family Life Education program in conjunction with the Family Life Bureau of the Diocese of Camden, the 1984 Progress Report states: "St. John's preventive efforts take place primarily through one-on-one counseling." (A. 522037)

Maternal and Child Health, Department of Health, Hawaii

1. Maternal and Child Health, Department of Health, Hawaii ("MCH") received a grant under Title XX for fiscal year 1983 in the amount of $200,000 for a combination care and prevention services project. (A. 507001-507002)

2. MCH's 1982 grant application states that it is one of four branches in the Family Health Services Division of the Hawaii State Department of Health ("SDH"). (A. 507015) MCH administers the SDH's programs for family planning services, maternal and infant care, EPSDT, preventive health services to children 0-6, and pre-school developmental screening. (A. 507015-507017)

3. According to the 1982 application, "[t]he overall mission of the Hawaii Adolescent Family Life Project is to establish a statewide program to reduce teenage pregnancy through preventive and promotional activities and to assure comprehensive care services for pregnant adolescents." (A 507018)

4. MMCH was awarded continuation funding for the period October 1, 1983-September 30, 1984 in the amount of $60,000. (A. 507003) The prevention component of the project was defunded. (A. 507004) Because of delays in staffing, the prevention component did not initiate any activities to involve churches or religiously-affiliated groups, nor develop educational materials for such groups prior to defunding, according to the project director. (A. 507008)

5. As the MCH project has evolved it has developed primarily into a community-based system to provide services through a unified system of case management. (A. 507006, 507008). According to the Progress Report for the first three quarters of FY 83-84, the project accomplished the following tasks in that period:

1. Training of community committees to enable them to develop case management systems.

2. Community outreach to: (1) inform community agencies about project and community committees; (b) provide information regarding progress toward a case management system.
3. Establishment of the community committees as viable entities.
4. Progress by the community committees in developing case management models.
5. Development of the community committees' capacity to obtain independent funding. (A. 507012-507014)
6. The MCH project is not affiliated with any religious organization, has no contractual agreement with religious organizations, and has not presented any material or information, to or initiated correspondence with, such organizations. (A. 507006)

St. Mary's Hospital

1. St. Mary's Hospital, in Kansas City, Missouri, received a Title XX grant in the amount of $180,000 for fiscal year 1983. (A. 708001-708002) The grant was for a combination care and prevention service project. (A. 708002, Condn. #1). The care component of the grant was refunded for fiscal year 1984 in the amount of $155,000, and for fiscal year 1985 in the amount of $144,097. (A. 708003-708007)

2. According to the 1982 application, "the proposed project represents the joint efforts of four agencies operating under the administrative umbrella of St. Mary's Hospital." (A. 708008) Each agency was to perform services in its area of expertise. The four agencies, and their proposed services, were: (1) Guadalupe Center (community-based education, counseling and referral); (2) Catholic Charities (case management); (3) Adolescent Resources Corporation (preventive services and referral); and (4) St. Mary's (oversight, specialized obstetrical services). (*Id.*)

3. St. Mary's Hospital is an acute care private, nonprofit hospital owned by the Sisters of St. Mary. (*Id.*)

4. Guadalupe Center is a private, nonprofit, nonsectarian multipurpose center which serves westside residents of Kansas City. It provides services regardless of race or religion. (A. 708009)

5. Catholic Charities is a full-service social services agency, offering services to all persons in its service area without regard to race, color, sex or creed. (A. 708010)

6. Adolescent Resources Corp. is a private, non-profit organization the mission of which is to initiate, coordinate and strengthen services for adolescents in Greater Kansas City. (A. 708011)

7. The care component of the project provides the following types of services: outreach, intake, prenatal services, delivery and postpartum services, and case

management. (A. 708012) Basic concepts of natural family planning are taught as part of the postpartum care program. (A. 708013)

8. The cover letter accompanying the 1984-1985 Notice of Grant Award to St. Mary's required them to develop a plan by November 15, 1984 addressing compliance with condition #11 on the Notice of Grant Award. (A. 708014). Condition #11 of the Notice of Grant Award provides as follows: "The grantee shall assure the availability of care services as specified in the attached list either by direct provision or referral." (A. 708006) The attached list includes "Counseling and referral for family planning services." (A. 708007)

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFFS,

v.

MARGARET HECKLER, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL.,
DEFENDANTS.

DEFENDANT'S STATEMENT OF MATERIAL FACTS PURSUANT TO LOCAL RULE 1-9(i)

* * * * * *

STATE OF LOUISIANA, DEPT. OF HEALTH AND HUMAN RESOURCES

1. The Women's Advocacy Bureau (WAB), a component of the Department of Health and Human Resources, State of Louisiana received a Title XX grant award for fiscal year 1983 for a care services program in the amount of $120,000. (A. 102001-102002) The grant was renewed for fiscal year 1984 in the same amount and was renewed for fiscal year 1985 in the amount of $102,000. (A. 102003-102005)

2. The WAB has established an innovative teen parent center that offers on-site family support and career planning activities and provides linkages to existing community health and social services providers. This care program, which provides services to a predominately black community, utilizes surrogate grandmothers to act as informal counselors and care givers. (A. 102022)

3. As part of its outreach efforts directed at the community, the Teen Center has sent letters to church leaders and many other community leaders informing them of the

Center's services. (A. 102007) The Center's Review Committee, composed of a cross-section of Baton Rouge citizens including school leaders, voluntee. workers in young women's organizations, the media and church leaders review the Center's educational curricula before it is used. Another group composed of community and local business leaders, (*Id.*, A. 102008) The Friends of The Teen Parent Center, promote financial support such as requesting assistance for an emergency fund to meet extreme client needs by mailing letters to a variety of organizations, including women's service organizations, churches and synagogues. (*Id.*)

4. Through an agreement with the East Baton Rouge Parish School System, the project supplies an instructor and materials for General Equivalency Diploma (GED) instruction. The need for the GED class has been supported by consistently being filled to capacity with a current waiting list of 30 clients. (A. 102016-102017)

5. The Center has a linkage agreement with Catholic Social Services, Baton Rouge's only licensed adoption agency, in order to provide adoption counselling on an individual basis to the pregnant adolescents and teenage parents at the Center. (A. 102018)

6. The Center also has agreements with state funded and private nonprofit agencies to provide counselling in the areas of nutrition, parenting and mental health. (A. 102020)

7. Because the Center has developed a reputation as a place of effective care for adolescents through community support, clients are now coming from beyond East Baton Rouge Parish but are coming from Livingston and Pointe Coupee Parishes as well. (A. 102019) The project reported that in the period October 31, 1983-May 31, 1984 it served 239 new clients. (A. 102021)

8. As an agency of state government, the WAB has no religious affiliation and provides no religious or spiritual

lectures, services or events. (A. 102007) The project as a matter of practice does not conduct programs at churches or other religious institutions, although one presentation was made in a classroom at a parochial school. (*Id.*)

YWCA of Salem, Oregon

1. The Young Women's Christian Association ("YWCA") of Salem, Oregon received a Title XX grant of $138,041 for FY 1984 for a care only project. (A. 111001-111002) The grant was renewed for FY 1985 in the amount of $183,281. (A. 111003)

2. The YWCA is the nation's oldest and largest women's movement. The Salem YWCA was organized in 1914. (A. 111004) It is a volunteer membership organization, governed by a volunteer Board of Directors, representing diverse age groups, life experiences and culture, career, educational, ethnic and religious backgrounds. (*Id.*)

3. The YWCA has the following national goals, which, according to the project director, are a statement of the organization's roots, as well as its identity as a community service:

> *Purpose*: The Young Women's Christian Association of the United States of America, a movement rooted in the Christian faith as known as Jesus and nourished by the resources of that faith, seeks to respond to the barrier-breaking love of God in this day. The Association draws together into responsible membership women and girls of diverse experiences and faiths, that their lives may be open to new understanding and deeper relationships and that together they may join in the struggle for peace and justice, freedom and dignity for all people.
>
> And within that context our one IMPERATIVE: to thrust our collective power toward the elimination of racism whenever it exists and by any means necessary.

(A. 111005-111006)

4. The YWCA of Salem, Oregon also has the following local goals, adopted by its Board of Directors in 1978:

1. Development of leadership in teen women.

2. Support and broaden horizons of women wherever they are in their lives.
3. Increased intercultural and inter-racial participation and awareness.

(A. 111010)

5. The YWCA's membership is open to persons of any or no faith and the organization is not affiliated with any religion. (A. 111005-111008)

6. The project offers pregnant teens high school courses, prenatal and parenting classes, adoption services, individual and group counseling, child care, prenatal and well-baby services, family planning counseling, pediatric services, and vocational counseling. (A. 111011)

7. The project has no agreements with any religious institutions or organizations for services, programs or events. (A. 111007) No religious or spiritual services, lectures or events are provided as part of, in conjunction with or in cooperation with the project. (*Id.*) The project has made a presentation about the project on two occasions to the Salvation Army, and on one occasion has held a panel discussion at a statewide conference on family planning and sexuality which was sponsored by the County Health Department. (*Id.*) The conference was held in the auditorium of a local church and no religious symbols were displayed (*Id.*).

8. All project services are provided on-site by an interdisciplinary team. (A. 111012) In the first nine months of operation, the project served 380 individuals. (A. 111013) The majority of the pregnant adolescents served are age 17 and under, while the majority of adolescent mothers served are age 19 and under. (A. 111014)

Brigham Young University

1. In 1982 the Department of Family Services, Brigham Young University, applied for and received a Title XX grant in the amount of $179,437 to conduct a prevention program entitled "Family Centered Prevention of the Problems of Adolescent Sexual Activity." Def. App. 306001. This was supplemented by an additional $5,986 in August, 1983. Def. App. 306003. The grant was renewed in 1983 in the amount of $185,423, and in 1984 in the amount of $157,969. Def. App. 306005-306006.

2. The project is entirely administered and directed by Dr. Terrance D. Olson and Christopher M. Wallace, members of the faculty at BYU. Research evaluation is performed by Dr. Brent Miller of Utah State University. These individuals are not officials of the Mormon Church. Declaration of Terrance D. Olson, Project Director, ¶ 5.

3. Neither the Mormon Church, its officials, nor the BYU Board of Trustees has attempted to direct, control, or contribute to the decision making relating to the operation of the Title XX prevention project in any manner. Olson Dec. ¶ 2.

4. The Title XX project does not involve ministers or religious leaders in any way, including preparation, delivery or supervision of the program. Olson ¶ 5.

5. The focus of the project, according to the Project Director, Dr. Olson, is on moral development in the family context. Def. App. 306018-306019 (Olson, Wallace, Miller, *Primary Prevention of Adolescent Pregnancy: Promoting family involvement through a school curriculum*, accepted for publication in *Journal of Primary Prevention*, Vol. 5, No. 2 (1985) (at p. 3)).

6. The grant application states that the concept of morality taught is one where rules are not prescribed, but where universal principles such as honesty, compassion, and responsibility are examined in the everyday context of

personal integrity and family relationships. Def. App. ¶ 30612 (1983 Continuation Application at 24).

7. The project is being conducted in a eight public school districts in California, New Mexico, and Utah, which were approached by the project in order to obtain a diversity of cultural and geographic settings. Districts involved consented to participate in the project after public school district officials were informed of the purpose of the project and the content of the curriculum used in the project. Olson Dec. ¶ 6; Def. App. 306017 (April 27, 1983, Site Visit Report, p.14); Def. App. 30614 (1983 Continuation Application at 32).

8. With prior consent by public school officials and parents of children involved in the project, the project curriculum is presented to 9th, 10th, and 11th grade students as part of regular public high school courses in family life, health, or home economics classes. Olson Dec. ¶ 7; Def. App. 306012, 306015 (1983 Continuation Application at 30, 69).

9. The curriculum is presented to students by regular public high school teachers as part of their regular teaching assignments for the district. Def. App. 306012, 306015; Olson Dec. ¶ 7. Teachers already employed by the public school district volunteered to teach the curriculum after being trained in its use by project staff. No other personnel are involved. Olson Dec. ¶ 7.

10. During 1983-84, 38 public school teachers were involved in the project. Def. Aff. ¶ 30611 (1984 Continuation Application at 31).

11. Students were selected based on parental consent and their enrollment in existing high school courses. Olson Dec. ¶ 8.

12. Parental involvement is sought by referring students to their parents for discussion of the curriculum. Def. App. 306017, 306009-306011 (April 27, 1983, Site Visit Report at 2; 1984 Continuation Application at 25, 30-31).

13. The curriculum used in the project was received by OAPP prior to its use in the schools, in accordance with the OAPP's requirements. Def. App. 306008 (Staff Analysis of Renewal Application).

14. The prevention project curriculum does not contain references to any church, religious institution, or religious doctrines. Olson Dec. ¶ 9.

15. The project and the curriculum have not attempted to promote or inculcate moral or religious values of the Mormon Church or any other religion in any manner. Instead, the project attempts to teach people to make responsible choices based on concepts like justice, fairness, compassion and integrity. Olson Dec. ¶ 10.

16. The BYU demonstration project does not deal with abortion or abortion counseling. If the issue arises in class, teachers are instructed to discuss it in the same manner all other issues are addressed. Olsen Dec. ¶ 11.

EMORY UNIVERSITY

1. Emory University of Atlanta, Georgia, received a $99,971 grant for fiscal year 1984 for a prevention services project. (A. 312001-312002). The grant was renewed for fiscal year 1985 in the amount of $100,696. (A. 312003)

2. Emory University is a private, nonprofit corporation which is supported by and affiliated with the Methodist Episcopal Church, South. (A. 312004-312005)

3. This project is a prevention project which involves both parents and young people and is an attempt to find effective means within the context of the family of reaching adolescents before they become sexually active. (A. 312006) It consists of outreach services to families of adolescents to discourage sexual relations among unemancipated minors and through the educational project provides assistance to parents, schools, youth agencies and health providers enabling them to educate adolescents concerning self-discipline and responsibility in human sexuality. (*Id.*)

4. The project's prevention program was initially presented in the Atlanta public schools. (A. 312007, 312009) The Title XX grant permits an expansion of the program throughout the State of Georgia. (A. 312007) The goal of the project is to train over 900 people to present the prevention program, with the ultimate objective of reaching over 60,000 teens statewide by the end of 1986. (*Id.*)

5. At no time have the project's educational materials and promotional flyers, nor any portion of the program, made any mention of religious values or anti-abortion or anti-contraception references based on religious doctrine. (A. 312010)

6. Project Staff met with the Georgia Division of Public Health to work out ways in which the Public Health Division could assist in the dissemination effort. It was agreed that a letter would be sent from the state to all

health districts in the state explaining the effort and encouraging their participation. (A. 312011)

7. The grantee reported that in the first three months of training, 207 volunteers were trained. (A. 312012) Of the ten training workshops conducted as of May 1984, five were sponsored by local health districts, one by a Methodist Church, one by a Baptist Church, two by private social agencies and one by a retired school teacher. (*Id.*)

YWCA of St. Petersburg, Florida

1. The YWCA of St. Petersburg, Florida, received a Title XX grant for FY 1983 in the amount of $70,000 for a combination care and prevention services project, Project H.E.L.P. (A. 509001) The grant was renewed for FY 1984 in the amount of $70,000 for care services only and for FY 1985 in the amount of $69,000 (A. 509003-509005)

2. The YWCA of St. Petersburg is a private, nonprofit corporation which was formed approximately 60 years ago. It is governed by a Board of Directors composed of influential business and civic leaders, 75% of whom are working women. (A. 509006-509007)

3. The statement of purpose of the national YWCA organizations provides as follows:

> The Young Women's Christian Association of the United States of America, a movement rooted in the Christian faith as known in Jesus and nourished by the resources of that faith, seeks to respond to the barrier-breaking love of God in this day.
>
> The Association draws together into responsible membership women and girls of diverse experiences and faiths, that their lives may be open to new understanding and deeper relationships and that together they may join in the struggle for peace and justice, freedom and dignity for all people.
>
> **ONE IMPERATIVE**
>
> WE MOVE to reaffirm our one Imperative: to thrust our collective power toward the elimination of racism wherever it exists and by any means necessary.

4. In addition, the St. Petersburg YWCA has the following local goals:

> The promotion of total health and well-being to assist in the attachment and maintenance of a healthful life-style, both physically and emotionally, through activities, services and provision of health education.
>
> Optimal opportunity for the acquisition of knowledge and skills. To provide opportunities for increasing knowledge and skills to enhance participation in all aspects of society through classes, special events and programs.
>
> Optimal personal and social development. To promote conditions conducive to maximum personal, social and physical development through individual and group classes, special events and service, and interest groups.

(A. 509006)

5. Project HELP is a cooperative effort administered by the St. Petersburg YWCA. The health services component is provided primarily by the Pinellas County Health Department, and counseling services by Family Service Centers (A. 509012). The project is supported by multiple community agencies, including the county juvenile welfare board, the city of St. Petersburg, and the county school board. (A. 509011) The project had one agreement with a local Methodist Church, which was solely for rental of space for a nine-month period. (A. 509008-509009)

6. The project provides educational services, life skills education, counseling services, health services (including pregnancy testing, family planning, pre- and post-natal care, and pediatric services). Parenting education and community educational services are also provided. (A. 509012-509013)

7. From October 1, 1983 to May 31, 1984, 154 adolescent girls, 40 fathers and 119 infants received services. The project made 146 community education presentations to community organizations in that period. Agencies receiving the presentations include youth homes, a runaway shelter, girls and boys club, after-school and in-school programs. (A. 509014-509015) In the past 2½ years of the

project, several churches have also received such presentations; none of the presentations involved any discussion of religion. (A 509008-509009)

8. No materials, slides, tapes and recordings used by the project contain any references to religion and any anti-contraception or anti-abortion references. (*Id.* The project has presented no religious or spiritual services at any time. (*Id.*).

9. Project HELP was donated $1,000 by a coalition of churches. No religious involvement occurred between the project and the coalition, and the money was used for nursery supplies and infant clothing (*Id.*).

10. The extent of the project's contact with religious organizations has consisted solely of the rental agreement described in paragraph 5, publications in church newsletters and bulletins describing the services available from the project, and appeals for donations. (*Id.*).

Grant Reader's Evaluation of San Diego University Foundation's Application

3. The applicant's project narrative descrioes a work plan which is comprehensive, clear, innovative, of high quality, feasible, has the potential for attaining the project's objectives, and appears worthy of replication. (45 points)

Work Plan is clearly stated, solidly based on underlying structure in Family Life Ed. Lacks major discriminatory factors discussion on which factor in curriculum might have most profound effect on modifying behavior (sexual activity rate); no discussion of moral values or spiritual development during teen years and adult human life cycle. No research plan to do indepth (all ____ etc.) or even "church-attendance" level assessment of previous and post-intervention level of moral and spiritual development on activity rate.

This is the project's biggest weakness. It has great structure, but its thrust and substance of its *preventive* effort is not well described nor compelling in its possible effectiveness.

Grant Reader's Evaluation of Baltimore City's Application

2. The applicant's presentation of the project's objectives, methods for achieving them, and results or benefits expected demonstrate a clear understanding of the purpose of the demonstration program (10 points)

There is missing a decided pro-life commitment in this proposal even though there is an obvious effort to present all alternatives to unwanted pregnancy.

The objectives are clear and the methods are certainly well devised to meet those stated goals and objectives. It is an excellent proposal in an urban area where teenage pregnancy and v.d. are at epidemic stage. This influences the high rating of the proposal which is thorough, professional, and workable. Lacking is the kind of counseling that you get in Catholic Social Service for example.

Also lacking is the matching dollars from the private sector and much of the volunteerism in private programs.

Other than that, it is a comprehensive public health program that should "fly".

Circle appropriate score:

Missing	Poor	Fair	Average	Good	Excellent
0	1 2	3 4	5 6	7 8	9 10

Grant Reader's Evaluation of Application of Catholic Diocese of Memphis

Missing	Poor	Fair	Average	Good	Excellent
0	1 2 3	4 5 6	7 8 9	10 11 12	13 14 15

× 3 = 24

3. The applicant's project narrative describes a work plan which is comprehensive, clear, innovative, of high quality, feasible, has the potential for attaining the project's objectives, and appears worthy of replication.

This is a very professional proposal in a social service/mental health mode. The need is well addressed, and it is anticipated that the majority of clients will be black and poor. Support letters reinforce the need for coordination of services. The agency recognizes the need for strong recruitment—counseling agencies don't draw as well as schools or medical facilities. What besides the initial contracts will cement client/agency relationships? What responsibility will agency assume for those who drop out? This is not addressed.

There are mixed messages on coordination—the agency will expect referrals from the broad spectrum. But the agency will use mainly the Catholic institutions it is already working with (excluding the University of Tennessee) for referrals which is somewhat limiting. They

will also teach only natural family planning, a method which *should* be taught, but which many professionals agree is too complicated for immature or retarded youth. This also raises the ethical question of imposing the church's belief on those of different faiths with public money. The follow-up for six weeks post partum is inadequate.

Mr. Ernest Peterson
Office of Adolescent Pregnancy Programs
6th Floor, Reporters Building
300 7th St., SW
Washington, DC 20201

Dear Ernie:

I have intended, since I summarized reviewers' comments last fall, to share with the Office some very deep concerns I have about the review process. Since we now have a new round of proposals due June 6, I feel that it is time that I express my concerns.

* * * * *

Ga—Proposal #021: Scored an application low because "No experts on transcendental (the most effective) Judeo-Christian values is represented in the development or teaching of this proposal". What would happen if the ACLU got hold of that comment!

There a number of good reviewers, including Ro, Ed, Ds, St, and Ga. With the smaller number of proposals ex-

pected this year, I would hope the Office would use only knowledgeable, experienced, demonstrably good reviewers.

I hope you find these comments helpful!

Sincerely,
GAS
Program Coordinator
New Futures School

CG: pl
cc: Patrick Sheeran

Excerpt from Catholic Family Service, Amarillo, Grant Application

Care Services to be Provided:

a. Pregnancy testing will be provided at the first interview by an intake worker who is also a Licensed Vocational Nurse. Maternity counseling will be done by the assigned Caseworker.

The primary focus will be to help the client cope with the pregnancy and solve the resulting problems. The agency will offer a discussion of the various alternatives open to the client (i.e. abortion, adoption, parenthood as a single parent or a married parent), with an emphasis on what realistic outcome and expectations a client may have from each option.

The client will not be counseled to terminate the pregnancy, although caseworkers do discuss a client's feelings about abortion and the detrimental effects abortion can have on the physical and emotioned well-being of the client, as well as the destruction occurring to an unborn infant. An effort is made not to put heavy guilt feelings on the client, but to have the client see that the expediency of an abortion does not out-weigh the other consequences.

NOTICE OF GRANT AWARD (Continuation Sheet)

Item No.

REMARKS—Other Terms and Conditions

1. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the Public Health Service Act when such regulations are published.

* * * * *

10. The grantee will not teach or promote religion in the AFL Title XX program. The program shall be designed so as to be, to the extent possible, accessible to the public generally.

Excerpt from St. Margaret's Grant Application

* * * * *

PART 2

Teenage extramarital pregnancies poignantly illustrate a great challenge to the family—the separation of reproduction from marriage. If a breakdown in family life is occuring in contemporary times, this may well emanate from a widespread ignorance of the rules, attitudes and commandments related to both Jewish and Christian home life and to the sexual relationship. Families are familiar with the "ascetic ideal"; they have come to know the "hedonic ideal" inherent in the secularism of today; but they remain sadly ignorant of the ideal of holiness inherent in the basic tenents of Judeo-Christian beliefs.

The Bishops of the United States have designated the 1980;s as the *Decade of the Family*. Pope John Paul II has stated, "The pastoral intervention of the church in support of the family is a matter of urgency." He also has emphasized, "Every effort should be made to strengthen and develop pastoral care for the family which should be treated as a real matter of priority".

Parents' responsibilities to carry out their roles as carriers of life and that of their childrens' first teachers are enormous. To establish a viable unit showing genuine concern for one another is not easy. To be responsible parents requires not only a firm personal and spiritual commitment, but also preparation through education and support systems which are committed to today's families.

Spiritual guidance is essential to maintain spiritual purity. Families must once again develop respect for their own integrity. There is an urgent need for reappraisal of the role of religion, and it must be within the family where any religion must be taught if it is to endure.

The chaplain of St. Margaret's Hospital will draw together an ecumenical group from the grants target area and surrounding communities served by the hospital. The purpose of this meeting will be to discuss the services offered at the hospital through its teen pregnancy program particularly the Family Life Education Program. The Family Life & Sex Education course described in Part I of the Preceding Section, will be offered to the clergy at their scheduling convenience.

There are *three* purposes for this. First the clergy who has never been educated in this area will be able to communicate more freely with their congregations. They will be better able to give spiritual support so often necessary to families with adolescent children. The fact that the 80's has been declared the decade of the family places the emphasis correctly. However, without the proper training religious leaders have been unable to deal with the modern day problems of family life, particularly adolescent sexual activity. The course offered through the Family Life department of St. Margaret's Hospital provides the training these leaders will need.

Secondly, the religious leaders will be expected to go back to their congregations and encourage them to also take the course. Staff from the family life education program will go to the church or temple and present the course on that site. Third, religious leaders to whom congregants often go when there is a crisis in the family will be aware of the services offered through the teen pregnancy program at St. Margaret's Hospital. Knowing that there are trained staff read to help will ease the immediate crisis for that family.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of the Assistant
Secretary for Health
Washington DC 20201

April 16, 1984

Sister Kathleen Natwin
Administrator
St. Margaret's Hospital
90 Cushing Avenue
Dorchester, Massachusetts 02125

Dear Sister Kathleen Natwin:

As you know, this Department is currently defending a legal challenge to Title XX of the Public Health Service Act, *Kendrick* v. *Heckler*, Case No. 83-3175, D.D.C. The plaintiffs charge, among other things, that the Title XX program as it is being implemented by certain grantees (including St. Margaret's), violates the provision of the First Amendment that prohibits the Government from establishing religion. As you are also aware, in the course of defending the lawsuit, we have had occasion to look particularly closely into St. Margaret's Title XX project. While we continue to be very impressed with the project as a whole, we now find that one aspect of the Family Life Education component of the project raises troublesome issues of potential Federal funding of religious activity. Therefore, I am writing to explore with you ways in which we may resolve this problem.

It is my understanding, based on information provided by Mary Conroy, Director of Family Life Education, in the course of her deposition in *Kendrick*, that the Family Life Education component of the project provides instruction to parents and students in public, parochial, and private nonsectarian school settings. The curriculum used in those

settings is in major respects the same. However, the curriculum used in the parochial schools—which was neither submitted to nor approved by this Department for use in the project as required in the grant award—contains religious references and various Catholic Church teachings. We understand further that the curriculum is on occasion taught by the four health educators on your staff whose salary is wholly borne by the project. Since apparently the majority of the Family Life Education activity under the project has occurred in parochial schools, we assume, based upon our present information, that a substantial part of the other direct costs of the prevention component (travel, supplies) are directly attributable to the parochial school activity, even though some costs are defrayed by honoraria or stipends given to you by the parochial schools.

The use of Federal funding to teach or promote the views of a particular religion is impermissible under the First Amendment. We think you will understand our concern, therefore, with the parochial school portion of your Title XX project as it is presently constituted.

Under the present arrangement, Federal funds are susceptible to being used to advance particular teachings of the Catholic Church, a situation which cannot continue. Accordingly, the parochial school portion of your project must be altered, with, at a minimum, discontinuation of the curriculum presently in use in the parochial schools to the extent those schools are a part of the project. Furthermore, costs incurred in connection with that aspect of the project are unallowable and may not be charged against the Federal grant.

I recognize that there may be a number of solutions to the problems outlined above, and we are open to suggestions as to how to resolve them. Toward that end, I urge you to contact Barbara Rosengard of this office at 202/245-7473. I look forward to hearing from you at your earliest convenience.

Sincerely yours,

Marjory E. Mecklenburg
Deputy Assistant Secretary
for Population Affairs

cc: Frances Kellogg, Project Director

ST. MARGARET'S HOSPITAL FOR WOMEN

90 Cushing Avenue
Boston, Massachusetts 0??25
Telephone (617) 436-5600

August 2, 1984

Ms. Marjory Mecklenburg
Deputy Assistant Secretary
for Population Affairs and
Director of the Office of
Adolescent Pregnancy Programs
Department of Public Health and
Human Services
Washington, D.C. 20201

Dear Ms. Mecklenburg:

I am writing in belated response to your April letter with respect to the current grant to St. Margaret's Hospital for Women under the Adolescent Family Life Act.

Given the pendency of the present litigation, I had referred your letter to Counsel for the Hospital prior to preparing a substantive response. I have been advised by Counsel that it is appropriate, at this time, to formally respond to your original inquiry.

I am able to advise you that St. Margaret's Hospital for Women is currently able to provide expanded program services in public school settings such that the federal grant funds will be utilized solely in the public school settings.

If I can furnish you with any further information in this regard, please don't hesitate to contact me.

Sincerely,

/s/ SISTER KATHLEEN NATWIN

Sister Kathleen Natwin
Administrator/CEO
for Population Affairs

Cc: Mary Conroy
Barbara Rosengard
Wilson D. Rogers, Jr.
Fran Kellogg

ARCHBISHOP WILLIAMS HIGH SCHOOL –
GRADE 12
EVALUATIONS – OCTOBER 1981

DO YOU HAVE ANY COMMENTS OR SUGGESTIONS?

* * * * *

19. I don't think they should try to discourage kids from using birth control because the Church says not to. Some kids have made mature decisions and dwelling on what the Church says may give them a guilt trip.

* * * * *

41. More information on birth control, but not how the church feels.

* * * * *

50. The most effective birth control other than what the Church approves of. She spent so much time on the natural family planning (rythm method) as a good thing because the Church approves it but she failed to mention that it is not good for teenagers to use this method – it's not really safe.

APPENDIX B
PAGE 2

ARCHBISHOP WILLIAMS HIGH SCHOOL –
GRADE 12
EVALUATIONS – OCTOBER 1981

* * * * *

41. More information on birth control, but not how the church feels.

* * * * *

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Family Life Department
Course Outline for Grade Nine

Films: Leo Beverman
"Love Slides"
"Abortion Slides"

Last year the students were given a course on "sexuality" by the science staff at school. One of the purposes of this course was to present the Catholic moral philosophy teaching regarding love, birth control, abortion. One of the students commented—"Last year we were told *facts*, but this course gave us some opinions—morals."

AFFIRMATION IN SUPPORT OF PLAINTIFF'S MOTION FOR SUMMARY JUDGMENT

I, Louis Laz, M.D., declare the following is true under penalty of perjury:

1. I am a medical doctor currently practicing obstetrics and gynecology with the Affiliated Neighborhood Health Centers of Boston, Inc., Ob.-Gyn. Group, affiliated with Boston City Hospital, 818 Harrison Avenue, Boston, Massachusetts 02118. I worked at St. Margaret's Hospital in 1978-1980 as a medical student from Tufts Medical School, and I was an intern and resident physician at St. Margaret's from July 1980 to June 1984.

2. I am making this affirmation in support of plaintiffs' motion for summary judgment because, based on my experience at St. Margaret's, I believe it is a pervasively religious institution whose rendition of medical care is dictated by Catholic religious directives which are often counter to the patients' best medical interests, the current standard of medical care as practiced in secular institutions, and medical ethics. Further, teenage patients in St. Margaret's Teenage Pregnancy Program (TAPP), funded under the Adolescent Family Life Act (AFLA), receive skewed, misleading and sometimes erroneous medical information in order to directly promote moral "choices" consistent with Catholic beliefs, and only receive those medical procedures which comply with the hospital's religious directives. The federal funding which goes to St. Margaret's, including the AFLA grant, directly furthers the religious mission of St. Margaret's Hospital.

3. St. Margaret's is a Catholic hospital run by the Archdiocese of Boston. It is not a general hospital, but rather a specialized hospital for women, providing obstetrical and gynecological care.* This fact is critical to how pervasively religious this hospital is since the religious directives to

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* St. Margaret's does have a small pediatrics (neonatology) department to treat newborns. But this service is auxiliary to its obstetrical care.

Catholic hospitals govern the area of reproductive health care most thoroughly and interfere with the secular practice of medicine.

4. St. Margaret's is the major obstetrics hospital affiliated with Tufts Medical School. At all times there are about 9 out of 20 resident physicians from Tufts at St. Margaret's. The resident physicians provide nearly all the care for the St. Margaret's clinic patients which include all the teenage patients in the TAPP program. St. Margaret's serves a large catchment area and the patients are largely low-income or Medicaid-eligible.

5. All new resident physicians at St. Margaret's are given a booklet entitled "Ethical and Religious Directives of Catholic Facilities" (Exhibit A). This booklet sets forth the Catholic position governing medical care (largely in the reproductive health area) required to be followed by Catholic hospitals. I was informed by Dr. Edward Kelley, the Medical Director of St. Margaret's on several occasions, that these religious directives govern patient care at St. Margaret's and if they were not followed, doctors could be fired. I was also told that the reference to "policies, rules and regulations" in my contract with St. Margaret's (Exhibit B, para. 4) meant that I must agree to obey the religious directives, as outlined in the "Ethical and Religious Directives".

6. The imposition of these religious directives caused me great conflict a. St. Margaret's, since furthering the religious mission of the hospital was very frequently in conflict with my ethical obligation to render the best medical care for my patients. Some of the following are ways in which the religious directives are contrary to the prevailing medical standard of care for patients.

A. It is basic to good medical care that the physician give the patients full informed consent prior to any medical treatment. Full informed consent means knowledge about all the medical options available and the risks and benefits of choosing one course of treatment over another. Patients at St.

Margaret's are not given informed consent. The religious directives forbid doctors at St. Margaret's from performing, prescribing, recommending or even referring for sterilization, abortion or contraception, even though these options are critical for the vast majority of obstetrical or gynecological patients. Patients are never told prior to accepting care at St. Margaret's that regardless of their personal choice or health needs, they will never receive these procedures, or referrals, or be counseled in all available medical options. St. Margaret's has Haitian, Southeast Asian, Hispanic, and other non-English speaking patients who do not even know that abortion or sterilization are legal options. And, no matter what strain on their health and life their pregnancy might present, they will not find out about these options.

B. Medical personnel at St. Margaret's are required to treat the embryo as a person from the moment of conception (Exhibit A, p. 7) regardless of whether this belief is shared by the woman, her doctor, or other persons treating her. For this reason, doctors at St. Margaret's are not allowed to do abortions, discuss the abortion option, or make abortion referrals. The fetus or embryo is treated as a separate human patient whose treatment often imperils women's health and lives. For example, doctors cannot follow federal F.D.A. regulations which require that women who are pregnant with an I.U.D. in place be told about abortion as an option. This regulation exists because continuing the pregnancy with the I.U.D. carries with it a 50 times higher risk of death (Exhibit C). Teenagers are not informed that an abortion is many times safer for them, in terms of risks to their lives, than continued pregnancy and childbirth. Women who have added childbirth risks imposed by cancer, heart problems, extreme obesity, lupus, diabetes, sickle

cell disease, mental conditions, hypertension, to name a few, are never informed about abortion which might be medically indicated.

C. The religious directives forbade us to make abortion, sterilization or contraception referrals because to do so constitutes "material cooperation" with a sin. One of my patient's illustrates how this directive undermines patient care. Betty D. was a drug addict who came to St. Margaret's with a suspected ectopic pregnancy. Evaluation revealed a normal intra-uterine pregnancy. She had had multiple earlier pregnancies, was a drug addict, and wanted an abortion. She had been an intravenous drug abuser for so long that she had no easily accessible veins left. I felt it was medically imperative to refer her for an abortion because to send her out to find her own abortion was dangerous since a clinic might not be able to handle any emergency that might require a blood transfusion. She went into severe drug withdrawal at St. Margaret's and could not be medically discharged. I made an appointment for her to have an abortion at the New England Medical Center, and tried to get St. Margaret's to send her there in an ambulance. Irene Kilroy, the nurse in charge of gynecology at St. Margaret's, refused to call the ambulance because I was going to transfer her for an abortion. She said to do so was against Catholic doctrine, that it would be "material cooperation" in an abortion, and the policy of St. Margaret's was to prevent abortions whenever—even if such an abortion was medically necessary. (See Exhibit D., referral policy).

D. Because of the religious directives, even life-saving abortions are put off as late as possible, disregarding the patient's choice and the doctor's best judgment. Physical and mental risks to the woman are

allowed to increase in order to promote fetal protections. To promote the belief in the personhood of the fetus, St. Margaret's has a rule that doctors cannot declare a fetus dead without two proofs, one week apart. This has nothing to do with medicine or science, since there are many new ways of medically proving the death of a fetus, but goes to the extreme to preserve fetal life regardless of the woman's or her doctor's choices. The week delay is not followed by any secular hospital that I know of and ignores the medical state and conscious choice of the woman.

E. The treatment of ectopic pregnancies, that is, when an embryo is implanted in the fallopian tubes instead of the uterus, is governed by the religious directives. (Ex. A, p. 8). The embryo cannot come to term and can, if untreated, grow and rupture which can lead to intraabdominal hemmorhage and even death. Even if a woman has an ectopic pregnancy, it was the written policy of St. Margaret's to have doctors wait until the Fallopian tube actually ruptures, rather than most fully protecting a women's life and health by removing the pregnancy. We were forced to do procedures which were contrary to medical standard of care. Often it is difficult to diagnose an ectopic pregnancy. If a woman has a positive pregnancy test and wants an abortion, and if the location of the pregnancy, ectopic or intrauterine, cannot be determined preoperatively, then the recommended sequency of events would be to do a diagnostic dilation and curettage of the uterus. (D & C). If the tissue revealed a pregnancy, then there is no need to do the more risky laparoscopy with examines the fallopian tubes for a total pregnancy. Since a D & C is an abortion, this sequence of diagnosis was not

allowed at St. Margaret's. Women had to undergo the much more risky laparoscopy.

F. Ammiocentesis is a standard diagnostic procedure used to diagnose genetic defects in the fetus. It is used by high risk women, i.e., older women or those who run particular genetic risks. Because this procedure can result in a woman choosing abortion, St. Margaret's tried to get all doctors to require "prolife" consent forms be signed by amniocentesis patients. The only basis for this form is religious and the coercion on the patients was protested by the resident physicians.
(Exhibit E).

7. The resident physicians supervise the midwives who provide most of the direct prenatal care for the teenage TAPP patients. However, the physicians see the TAPP patients at least three times during their pregnancies and care directly for those "high risk" patients.

8. Although the AFLA permits grant recipients to give or refer for contraceptives with parental consent, and to make abortion referrals upon parental request, we were not told about this exception and it was made clear that such referrals would violate St. Margaret's religious directives. We could never discuss abortion even with those TAPP patients with medical conditions that heightened their already existing risks.

9. There is a pervasively religious atmosphere at St. Margaret's Hospital which patients cannot help but notice and be influenced by. This is particularly true of the TAPP patients since some of them live at the St. Mary's Home, which is part of the St. Margaret's complex which contains a residence and school for the girls. These teenagers are very unsophisticated, young (my youngest patient was 11 and many were 13 or 14), poor, and vulnerable. Many have never had a pelvic exam. They are completely ignorant of outside community resources and

once at St. Margaret's become very dependent on the medical, psychological and educational care. Even those teenage TAPP patients not in the residential program come for frequent visits and counseling. For all of these reasons, considering their vulnerable, dependent and sometimes desperate situations, St. Margaret's as an institution influences teenagers in the same way a parochial school does—and in fact, TAPP residential teenagers *do* go to school there.

10. The religious nature of the hospital is shown by religious symbolism throughout the hospital, including

1. A "circle of life" on top of the hospital
2. St. Mary's Home, the residence of TAPP patients and where all TAPP prenatal clinics are held has religious statues in the courtyard where the teenagers eat lunch.
3. There are crucifixes in the delivery rooms, and, until recently, in the labor rooms. Some of the examining rooms also have crucifixes (Ex. E.).
4. The P.A. system makes public announcements of prayer. Until 1982, a prayer went over the loudspeaker every morning reaching all patients. There are mass announcements and a Catholic chapel on the premises.
5. All babies born premature or stillborn are baptized in the delivery room regardless of the religious preference of the mother and regardless of her lack of knowledge or consent.

11. I have examined the curriculum taught by the Family Life Services Department funded under the AFLA grant. The sections on family planning and abortion are biased, misleading, and contain many medical inaccuracies. The medical inaccuracies and deliberate omissions in the curriculum are designed to discourage the use of contraceptives and abortion. This curriculum is clearly designed to promote Catholic doctrine which believes con-

traception (except for natural family planning) and abortion are a sin. While it purports to give teenagers factual information, it does not do so, nor is there any way for these teenagers to find out they are being given erroneous medical information. Some of the errors or critical omissions include:

A. The curriculum which is to teach biology and sex education is permeated with religious references to God and Christianity, i.e., Catholic interpretation of marriage, sex, family life and contraception. For example, at 9-14 the description of conception and birth states that at the moment of conception only God is aware that life has begun. Obviously that is not a fact which doctors are aware of or, for some, even believe in.

B. The section on family planning and contraceptives for teenagers includes (see pages 2-9 Documents 5069-5076) seven pages on natural family planning, and four pages on other methods of contraception. The curriculum does not mention that this is not a method that has ever been successfully used among teenagers. Teenagers and other women who have irregular menstrual cycles or a history of anovulatory periods are unsuited for all natural family planning methods of contraception. AGI, *Making Choices*, p. 8 (1983). Nor does it mention the high failure rate, approximately 24% for all users. AGI, *Making Choices*, p. 8, 28 (1983). The natural family planning methods' failure rate is lowest among highly motivated couples. *See* Rice, Lanctot and Garcia-Devesa, "The Effectiveness of the Sympto-Thermal Method of Natural Family Planning," paper presented at the first general assembly of the International Federation for Family Life Promotion, Cali, Columbia, June 22-29, 1977. To my knowledge, none of my single St.

Margaret's teenage clients have ever taken the natural family planning course offered there.

C. In the discussion of the birth control pill the curriculum lists as a side effect cervical cancer, although this has never been scientifically proven. Rosenfield, "The Pill: An Evaluation of Recent Studies", *The Johns Hopkins Medical Journal*, 150: 178 (1982); Ory, Rosenfield and Landman, "The Pill: An Assessment," 12 *Family Planning Perspectives*, 280 Nov/Dec (1980). The majority of scientific studies found no increased incidence of ovarian, uterine and breast cancer among pill users. Rosenfield, "The Pill: An Evaluation of Recent Studies", *The Johns Hopkins Medical Journal*, 150: 178 (1982). Indeed, there is some evidence that oral contraceptives may be protective or inhibit development of ovarian and endometrial cancer. *See* Casagrande, J.T. et al., "Incessant Ovulation and Ovarian Cancer", *Lancet* 2: 170 (1979); McGowan, L. et al., "The Woman At Risk For Developing Ovarian Cancer", *Gynecol. Oncol.* 7: 325 (1979), and endometrial cancer. *See* Weiss, N.S. and Sayvetz, T.A., "Incidence of Endometrial Cancer in Relation to the Use of Oral Contraceptives", *New England Journal of Medicine*, 302: 551 (1980). The curriculum lists break-through intermenstrual bleeding, weight gain, nausea and vomiting, decreased mentrual flow, facial skin pigmentation, depression and vitamin deficiency as "common side effects" of the pill and mini pill, omitting the infrequent occurrence of these side effects (5077). (Laz Affidavit ¶ 11 (p. 12).) Nowhere does it mention that for sexually active minors the pill is much less risky than an unwanted pregnancy in terms of deleterious effects to a woman's life or health.

D. In discussing spermicides, which can be used alone or in combination with a diaphragm, the curriculum (see 5079) states that there *is* an association with the use of spermicides to congenital abnormalities in a future fetus. This is untrue. Spermicides actually have very, very few side effects, Martin Vessey, et al., "A Long-Term Follow-up Study of Women Using Different Methods of Contraception: An Interim Report", *Journal of Biosocial Science*, 8, No. 4 (October 1976), (none of my patients have ever had any) and are easily available for teenagers.

E. The curriculum also lists complications and side-effects of the diaphragm, including toxic shock, which has never been proven. There is no association between spermicides, which are used in conjunction with the diaphragm, and the future development of congenital abnormalities. The only known adverse health effects associated with barrier methods are rare instances of allergic reactions to the rubber or dusting powder used in diaphragms or the chemicals in spermicides. Martin Vessey, et al., "A Long-Term Follow-up Study of Women Using Different Methods of Contraception: An Interim Report", *Journal of Biosocial Science*, 8, No. 4 (October 1976). Nor does the curriculum mention evidence of the reduced risk of cervical cancer attributable to diaphragm use. Wright, et al., "Neoplasia and Dysplasia of the Cervix Uteri and Contraception: A Possible Protecting Effect of the Diaphragm," *British Journal of Cancer*, 38: 273-279 (1973). Other allergic reactions, pelvic pain, cramps or urinary tension rarely occur, and the curriculum does not mention this.

F. The curriculum is very misleading in that it does not discuss any of the benefits of contraceptives

except the benefits of natural family planning, for which no side effects are shown, even though natural family planning is a method that must be used in conjunction with a regular partner, and has never been used successfully with teenagers.

G. The curriculum goes through the complications of induced abortions. (pp. 2-3 ¶ 5083). In discussing the medical complications, it lists death, retained fetal parts, etc. The statistics given are that 10% of women who have abortions suffer some kind of complication, and 1% suffers serious complications. This is not true and conflicts directly with national statistics collected by the Center for Disease Control in Atlanta. First, it is grossly misleading to aggregate all complications of abortion. Complications of abortion are typically segregated into abortion-related morbidity and abortion-related mortality. According to the latest Center For Disease Control report, the overall death-to-case rates for legal abortion were 1.4 and 0.6 per 100,000 abortions for 1979 and 1980, respectively. U.S. Department of Health and Human Services, Center for Disease Control: Abortion Surveillance, 1979-80 (1983), at p.10. These figures reflect a significant decrease from the death-to-case rate of 3.2 during 1972-1975. Cates and Tietze, "Standardized Mortality Rates Associated with Legal Abortion: United States, 1972-1975", *Family Planning Perspectives*, 10: 110-111 (1978). Even though risk of morbidity varies with the type of abortion procedures, none of the procedures have a 10% risk of complications. For example, the risk of serious complications (including three or more days of fever over 38° C, hemorrhage requiring blood transfusion and unintended abdominal surgery) for all proce-

dures is lower than 3%; risk of serious complications associated with dilation and evacuation (D & E) procedures is 0.23, compared with 2.26 for saline instillation and 1.28 for prostaglandin instillation. U.S. Department of Health and Human Services, Center for Disease Control: Abortion Surveillance 1979-80 (1983), at p. 14.

H. An early, legal abortion is one of the safest medical procedures in the United States. From 1972-1978 the standardized abortion mortality rate was 1.8 per 100,000 abortions, substantially less than the standardized childbearing mortality rate of 12.5 per 100,000 live births. Thus, from 1972-78, women were 6.9 times more likely to die from legal abortion, with the gap increasing in more recent years. Lebolt, Grimes and Cates, "Mortality From Abortion and Childbirth: Are the Populations Comparable?" *JAMA*, pp. 188-189 (1982). Similarly, the standardized childbearing mortality rate (7.7) exceeded the abortion mortality rate (1.3). During this period teenagers were 5.9 times more likely to die from childbirth than abortion. Lebolt, Grimes and Cates, "Mortality From Abortion and Childbirth: Are the Populations Comparable?" *JAMA*, pp. 188-189 (1982).

I. In the discussion of delayed complications due to abortions, they state that especially in women who have more than one pregnancy, an abortion will result in a "failure to carry subsequent pregnancies to term, and infertility". This also is not true, and in fact studies done in the United States have concluded the opposite, that there is no association between legal abortion and miscarriage or premature births in subsequent pregnancies. Chung, Smith, Steinhoft, and Mi, "Effects of Induced Abortion on Subsequent Reproductive Function and Pregnancy Outcome", *American Journal of Public Health*, 72/6: 551 (1982).

J. The curriculum states that there will be psychological complications including anxiety, guilt, and depression from abortion. (p. 5084). This is not true, although some women may suffer psychological affects from abortion, studies have shown that it is more often and more serious that women suffer from anxiety and depressions postpartum. David, Rasmussen, and Holst, "Postpartum and Postabortion Psychotic Reactions," 13:88-93 (1981). In fact, many women feel relieved after an abortion and it alleviates anxiety.

K. Also in 5084, the curriculum states that there are no medical indications for performing an abortion. This is not true. Women who suffer from hypertension and diabetes mellitus have been identified as having high risk pregnancies. For example, women afflicted with "advanced" cardiac disease together with dyspnea, pulmonary congestion, cardiac enlargement or chronic arterial fibrillation are at high risk of acute heart failure or pulmonary edema during pregnancy. Early abortion is recommended for such women. Romney, et al., *Gynecology and Obstetrics*, The Health Care of Women, at pp. 711-712 (McGraw-Hill, 1981). Although modern medicine has made it possible for women, who are willing to undergo quite heroic measures, to carry pregnancies to term, it is not true that for every woman, particularly those with an unwanted pregnancy, that pregnancy and childbirth carry no risk of health or life complications. In fact, it is 4 to 16 times safer to have an early abortion than to continue a pregnancy and go through childbirth. In fact, for older women, an abortion is 15 times as safe as childbirth. Lebolt, Grimes and Cates, "Mortality From Abortion and Childbirth: Are the Populations Comparable?" *JAMA*, p. 190 (1982).

L. This curriculum also says there are absolutely no psychological indications for an abortion. (p. 5084) This also is not true. There are absolutely no studies that support that women with psychiatric problems "are more likely to suffer from an abortion than benefit from it". It is incomprehensible that this curriculum would teach teenagers that there are no psychiatric consequences from giving birth after rape. Yet it does. This is medically irresponsible and absolutely without any scientific basis. The curriculum continues to give the church's teaching on abortion, which is that no medical, economic or social reason can justify a deliberate and direct attack "on the life of an innocent human being". (p. 5084).

M. On 5085, the curriculum discusses veneral diseases. These are also called sexually transmitted diseases, or STD, and they are a great public health problem in the United States. On page 2, section 5086, the curriculum asks "how can STD be prevented?" and replies "[T]he medical profession advises to decrease promiscuity and avoid sexual contact. This seems to go along with our Christian teachings regarding sexual intercourse and marriage." This is not at all what the medical profession advises. The medical profession has made it very clear that people who are in danger of contracting or spreading STD should take adequate protection with their sexual contact and that condoms provide a good measure of protection. Barlow, "The Condom and Gonorrhea" *Lancet* 11:811, 1977; Berger, Keith and Moss, "Prevalence of Gonorrhea Among Women Using Various Methods of Contraception," *British Journal of Venereal Diseases*, 51:307, 1975. The condom probable protects a woman from contracting genital herpes from a man with

active penile lesions. AGI, *Making Choices*, p. 50 (1983). The curriculum says exactly the opposite. Page 5087, ¶ 3. "The use of condoms are often advocated in the media as a means of reducing the possiblity of infection. They are *not* effective in preventing sexually transmitted diseases." This is absolutely untrue; it is medically irresponsible to tell teenagers that condoms do not help prevent the spread of veneral diseases. The curriculum is curiously silent regarding evidence suggesting spermicides provide a measure of protection against veneral diseases. Jick, Hannan, Stergachis, Heldrich, Perera and Rothman, "Vaginal Spermicides and Gonorrhea", *JAMA*, 248: 1619 (1982). The misleading and deficient "factual presentation" is not only destructive to the teenagers but to the public health operations in the state of Massachusetts.

Executed on:

_____

_____

Louis Laz, M.D.

ETHICAL AND RELIGIOUS DIRECTIVES
for Catholic Health Facilities

The Ethical and Religious Directives for Catholic Health Facilities, dated September 1971, were approved by the Committee on Doctrine of the National Conference of Catholic Bishops (letter from chairman, dated Oct. 30, 1971). In the judgement of the Committee on Doctrine these *Directives* contain nothing contrary to Catholic teaching or morality.

At the annual meeting of the National Conference of Catholic Bishops and the United States Catholic Conference, November, 1971, the *Directives* were approved as the national code, subject to the approval of the bishop for use in the diocese.

PREAMBLE

Catholic health facilities witness to the saving presence of Christ and His Church in a variety of ways: by testifying to transcendent spirtual beliefs concerning life, suffering, and death; by humble service to humanity and especially to the poor; by medical competence and leadership; and by fidelity to the Church's teachings while ministering to the good of the whole person.

The total good of the patient, which includes his higher spiritual as well as his bodily welfare, is the primary concern of those entrusted with the management of a Catholic health facility. So important is this, in fact, that if an institution could not fulfill its basic mission in this regard, it would have no justification for continuing its existence as a Catholic health facility. Trustees and administrators of Catholic health facilities should understand that this responsibility affects their relationship with every patient, regardless of religion, and is seriously binding in conscience.

A Catholic-sponsored health facility, its board of trustees, and administration face today a serious difficulty as, with community support, the Catholic health facility exists side by side with other medical facilities not committed to the same moral code, or stands alone as the one facility serving the community. However, the health facility identified as Catholic exists today and serves the community in a large part because of the past dedication and sacrifice of countless individuals whose lives have been inspired by the Gospel and the teachings of the Catholic Church.

And just as it bears responsibility to the past, so does the Catholic health facility carry special responsibility for the present and future. Any facility identified as Catholic assumes with this identification the responsibility to reflect in its policies and practices the moral teachings of the Church, under the guidance of the local bishop. Within the community the Catholic health facility is needed as a courageous witness to the highest ethical and moral principles in its pursuit of excellence.

The Catholic-sponsored health facility and its board of trustees, acting through its chief executive officer, further, carry an overriding responsibility in conscience to prohibit those procedures which are morally and spiritually harmful. The basic norms delineating this moral responsibility are listed in these *Ethical and Religious Directives for Catholic Health Facilities.* It should be understood that patients and those who accept board membership, staff appointment or privileges, or employment in a Catholic health facility will respect and agree to abide by its policies and these *Directives.* Any attempt to use a Catholic health facility for procedures contrary to these norms would indeed compromise the board and administration in its responsibility to seek and protect the total good of its patients, under the guidance of the Church.

These *Directives* prohibit those procedures which, according to present knowledge, are recognized as clearly wrong. The basic moral absolutes which underlie these *Directives* are not subject to change although particular applications might be modified as scientific investigation and theological development open up new problems or cast new light on old ones.

* * *

Section I

ETHICAL AND RELIGIOUS DIRECTIVES

* * *

11. From the moment of conception, life must be guarded with the greatest care. Any deliberate medical procedure, the *purpose* of which is to deprive a fetus or an embryo of its life, is immoral.
12. Abortion, that is, the directly intended termination of pregnancy before viability, is never permitted nor is the directly intended destruction of a viable fetus. Every procedure whose sole immediate effect is the termination of pregnancy before viability is an abortion, which, in its moral context, includes the interval between conception and implantation of the embryo. Catholic hospitals are not to provide abortion services based upon the principle of material cooperation.
13. Operations, treatments, and medications, which do not directly intend termination of pregnancy but which have as their purpose the cure of a proportionately serious pathological condition of the mother, are permitted when they cannot be safely postponed until the fetus is viable, even thugh they may or will result in the death of the fetus. If the fetus is not certainly dead, it should be baptized.

* * *

15. Cesarean section for the removal of a viable fetus is permitted, even with risk to the life of the mother, when necessary for successful delivery. It is likewise permitted, even with risk for the child, when necessary for the safety of the mother.

* * *

18. Sterilization, whether permanent or temporary, for men or for women, may not be used as a means of contraception.

19. Similarly excluded is every action which, either in anticipation of the conjugal act, or in its accomplishment, or in the development of its natural consequences, proposes, whether as an end or as a means, to render procreation impossible.
21. Because the ultimate personal expression of conjugal love in the marital act is viewed as the only fitting context for the human sharing of the devine act of creation, donor insemination and insemination that is totally artificial are morally objectionable. However, help may be given to a normally performed conjugal act to attain its purpose. The use of the sex faculty outside the legitimate use by married partners is never permitted even for medical or other laudable purpose, e.g., masturbation as a means of obtaining seminal specimens.
25. Radiation therapy of the mother's reproductive organs is permitted during pregnancy only when necessary to suppress a dangerous pathological condition.

* * *

TUFTS UNIVERSITY SCHOOL OF MEDICINE
AFFILIATED INTERNSHIP/RESIDENCY IN OBSTETRICS AND GYNECOLOGY
90 CUSHING AVENUE
DORCHESTER, MASSACHUSETTS 02125

HOUSE OFFICERS CONTRACT

Tufts University School of Medicine, St. Margaret's Hospital for Women, Carney Hospital, New England Medical Center Hospital and Cambridge City Hospital and LOUIS LAZ, M.D. hereby enter into a contract of internship/residency subject to the following terms:

* * * * *

The contracting intern/resident agrees:

1. LOUIS LAZ, M.D. hereby agrees: To serve faithfully during the entire period agreed upon as specified above.
2. To observe all policies, rules and regulations of the Hospitals and to consider that gross infraction thereof are justification for dismissal.

* * * * *

July 18, 1983

TO: ALL CONCERNED

FROM: Vincent P. Sullivan Jr., M.D.
Director, Ambulatory Services

RE: *Referral For Tubal Ligation, Artificial Family Planning Or Abortion*

It is the policy of St. Margaret's Hospital and of the St. Margaret's Hospital Out-Patient Department that referrals and/or appointments are not to be made to other centers for tubal ligations, artificial family planning or for abortions.

The St. Margaret's Hospital Out-Patient Department medical and nursing staff may simply advise a patient who wishes these services that they are available elsewhere. No formal referral, or note thereof, is to be made.

While working in the St. Margaret's Hospital Out-Patient Department, I expect all personnel will adhere to this Hospital policy.

I also recognize that this policy is difficult for many, but I will appreciate your cooperation.

GUIDELINES FOR AMNIOCENTESIS AT ST. MARGARET'S HOSPITAL

1. Amniocentesis is permissable at St. Margaret's Hospital for the detection of inherited genetic or chromosomal defects.

2. The amniotic fluid should be obtained at about 16 weeks gestation.

3. Ultrasonography should be obtained to confirm fetal age and placental location prior to amniocentesis.

4. Patients should read, complete and sign the Prenatal Diagnosis Screening Questionnaire and the Informed Consent and Release forms.

5. Amniocentesis at St. Margaret's Hospital will be performed in order to obtain a diagnosis that can be used to offer treatment to the developing fetus or to prepare the parents to handle a possibly defective or abnormal child, and only if the benefit of the information outweighs the risk of the procedure.

6. There will never be an intent against the life of the unborn child on the part of hospital administrators, medical personnel, or patients from the information gained by amniocentesis. Presupposed is that the patient's signature of consent constitutes a declaration of intent consistent with the PRO-LIFE philosophy of St. Margaret's Hospital.

7. Amniocentesis will not be used to merely learn the sex of the fetus.

8. There will be neither a recommendation of abortion nor referral for abortion should an abnormal result be obtained in keeping with present Roman Catholic moral practice.

9. The commitment of St. Margaret's Hospital by offering amniocentesis is purely PRO-LIFE. It assumes that sound counseling is occurring, directed by the woman's physician, and that expert counseling will be provided in the event of abnormal results.

I have read, understand, and accept the PRO-LIFE commitment of St. Margaret's Hospital and specifically as it pertains to amniocentesis.

_____ _____

DATE PATIENT'S SIGNATURE

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFFS,

v.

MARGARET HECKLER, SECRETARY OF HEALTH AND HUMAN SERVICES, DEFENDANT.

Affirmation in Support of Plaintiffs' Motion for Summary Judgment

State of Massachusetts):
County of Middlesex):

I, Kim Maisenbacher, affirm the following is true under penalty of perjury:

1. I reside in Natick, Massachusetts. I am a registered nurse certified in midwifery and currently have a midwife practice at Newton-Wellsley hospital, Wellsley, Massachusetts.

2. I was employed as a midwife from December 1982 to July, 1983 in the St. Margaret's Teenage Pregnancy Program (TAPP) funded under the Adolescent Family Life Act grant to St. Margaret's. Based on my experience at St. Margaret's I believe it is a pervasively religious institution whose rendition of medical care, including that in the TAPP program, is dictated by, and designated to further, the tenets of the Catholic religion. In my position as a nurse funded under the Adolescent Family Life Act I was often forced to choose between the best interests of my patients and the current standards of medical care, and the hospital directives which were designed to further basic religious tenets. This irresolvable conflict was critical to my leaving the program. I believe that federal funds are being used to promote religious beliefs and practices that

are often at odds with the best medical interests of the teenage patients. For that reason I am making this affidavit in support of plaintiffs' motion for summary judgment.

3. St. Margaret's is a specialized hospital providing only gynocological and obstetrical care for women. This type of medical care is largely reproductive health care, which necessarily and ordinarily involves abortion, sterilization and contraception. Because of this, the vast majority of patients at St. Margaret's are affected by the religious restrictions placed on nurses, doctors and social workers. This affidavit will detail not only how St. Margaret's, as a Catholic institution furthers Roman Catholic beliefs but also how the TAPP program itself promotes such beliefs to the detriment of the teenage patients.

4. I began to work for the St. Margaret's Teenage Pregnancy program in December 1982. I was employed to provide prenatal care for the pregnant teenage patients, and continue with them through labor and delivery. In my employment interview I was told both by Nancy Barrows, director of Nurse-Midwives, and the personnel director, that I would not be able to discuss either abortion or artificial family planning with my patients because to do so would breach the religious tenets of St. Margaret's. I was given a booklet entitled "Ethical and Religious Directives for Catholic Health Facilities", (Exhibit A). It was made clear to me that if the religious rules in this booklet were not followed I could lose my job. Although I understand that the Adolescent Family Life Act permits teenagers to get information and referral for contraceptives with parental consent, and abortion referrals upon parental request, I was not informed of this when I worked at St. Margaret's and it is clear that even providing such limited information would breach the hospital rules as explained to me.

5. The religious directives made clear we could never allow procedures which are "morally and spiritually harmful" (Ex. A, p. 3). This included abortion from the moment of conception (Ex. A, p. 7), sterilization (p. 10), artificial contraception (p. 10).

6. In addition to the booklet on religious directives, I was given a copy of the St. Margaret's employee handbook which states that it follows the religious directives, that it is a "Christian institution", providing medical care "in harmony with the teaching of the Catholic Church", and that each person is "a child of God" from "the very moment of conception". (See p. 3-5 of Handbook, Exhibit B).

7. At the time that I took the TAPP job at St. Margaret's I believed I could follow St. Margaret's religious directives and still provide good medical care to my patients. I was wrong. At that time I did not know just how pervasively religious St. Margaret's is nor how my patients would suffer from the lack of complete medical options. I believed that my teenage patients could get abortion or contraception information from outside community resources. Subsequently, I found out this was practically impossible. Many of the teenage TAPP patients are poor, and nearly all are ignorant on how to make use of community resources. Most of them do not have any regular medical care and many have never even had a pelvic exam. Once at St. Margaret's they become completely dependent on it for their medical care and are both psychologically and physically incapable of navigating around Boston to find alternative care. Furthermore, most of them are not even aware they are being given limited care. The restrictions on St. Margaret's staff, including prohibitions on providing contraception or abortion information or referrals reinforce patients' lack of knowledge.

8. Although social workers were usually the first persons teenagers in the TAPP program talked to, when I was on call at the hospital I was occasionally the prime source of information for teenagers who asked where they could get abortion information. I felt in a moral bind since my training had taught me the obligation to give all necessary medical information and referrals, and my job restricted my ability to give such information. Usually I gave

truthful, full answers to the teenagers' questions although I felt very guilty and fearful about doing so.

9. Although discussion and provision of birth control is part of the medical standard of care at post-partum visits for all sexually active women, we could not comply with this standard for teenagers in the TAPP program. I believe this failure to help sexually active, unsophisticated minors greatly contributed to their return rate, i.e. teenagers who came back to St. Margaret's with a second unwanted pregnancy.

10. Another illustration of the skewed medical care funded under the AFLA was when one TAPP patient asked me if she could have sex during pregnancy. I answered "yes", which was a medical answer to a medical question. I was reprimanded for this answer by my supervisors because it was believed that to give that kind of information condoned teenage sex which was a position contrary to the hospital's religious beliefs.

11. The medical standard of care for patients is to give them all necessary medical options. This is not done for teenagers at St. Margaret's, where Catholic philosophy dictates medical care. This harms teenagers, some of whom would make the decision to have an abortion which might be the most medically safe decision. Some would decide to use contraceptives which would cut down the risk of venereal disease or another unwanted pregnancy. Even those teenagers who decide to put their babies up for adoption have limited options since they are all ordinarily referred to Catholic charities.

12. The labor and delivery rooms at St. Margaret's all contain religious crucifixes. The common rooms, the courtyard, and the outside of the building have religious symbols and statuaries. The prenatal clinic for teenage patients is on the first floor of St. Mary's home, a residence for single pregnant teenagers which is in a separate building, but part of St. Margaret's. St. Mary's is filled with crucifixes, other religious symbols and pictures.

These outward symbols constantly remind teenage patients of the religious nature of the institution.

13. A few of my TAPP patients were aware of the anti-abortion pressure exerted by the program because they spoke to me about the limited information given to them.

14. The desparate pregnant teenagers who go to St. Margaret's have a great need for medical care and counseling. They are very ignorant about their options and are never told when they answer St. Margaret's television or other media ads that they will be encouraged to become dependent on an institution which will deliberately perpetuate their ignorance by giving only medical procedures and information consistent with Catholic religious directives.

15. The ethical bind created because my AFLA patients were suffering from the imposition of religiously dictated health care was critical to my terminating my employment at St. Margaret's in July 1983. At that time, I explained this reason to Nancy Barrows, my superior.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/13/84.

/s/ KIM MAISENBACHER
Kim Maisenbacher

Date: September 13, 1984

Norfolk, S.S.

Then personally appeared the above named, Kim Maisenbacher, and acknowledged the foregoing instrument to be her free act and deed before me

My commission expires October 5, 1984

/s/ THOMAS E. LEE
Thomas E. Lee
Notary Public

St. Margaret's Hospital for Women

Employee Handbook

* * * * *

HISTORY OF ST. MARGARET'S HOSPITAL FOR WOMEN

High atop historic Jones Hill in Dorchester stands St. Margaret's Hospital for Women, one of the nation's leading specialty maternity centers and the largest Catholic obstetrical and gynecological hospital in the country.

* * * * *

An important component of this care is the spiritual dimension based upon the Judeo-Christian heritage. As a Catholic institution and part of the healing ministry of the Church, we continually strike to provide the kind of care that is scientific, loving, and compassionate. Within this framework religion, research and education are united to bring together care that will heal, alleviate and maintain the health of women and infants.

Philosophy

* * * * *

We hold that each person is made in the image of the Creator at the very moment of conception. Therefore, we attach to each person the dignity and destiny that comes with being a child of God.

As a Christian institution we are committed as well to the quality of life and hold firm to high standards of social justice, in harmony with the teaching of the Catholic Church which guides us to the spiritual mission of each individual.

* * * * *

St. Margaret's Hospital for Women is a not-for-profit voluntary Catholic health facility established by the Archdiocese of Boston; administered by the Daughters of Charity of St. Vincent de Paul and commited to quality care which is consistent with the ethical and religious directives as promulgated by the Committee on Doctrine of the National Conference of Catholic Bishops.

St. Margaret's Hospital for Women accepts the basic principles of Judeo-Christian social living. It recognizes the dependence of man upon God, his Creator, and the consequent unity of all men because of their common origin and destiny in God. It acknowledges the dignity of every human being from conception to life eternal as being made to the image and likeness of God and endowed with intellect and free will. It respects individual differences in personality, beliefs and values as rights which are inherent in a Judeo-Christian democratic society.

* * * * *

Affirmation in Support of Plaintiffs' Motion for Summary Judgment

I, Reverend James Dittes, declare the following is true under penalty of perjury:

1. I am a professor of pastoral theology and psychology at Yale Divinity School, 409 Prospect Street, New Haven, Connecticut. My degrees include both a doctorate in psychology and a degree in divinity from Yale University. I have taught at the Yale Divinity School for 30 years. I directed the Ph.D. program in religion at Yale University from 1968-1975, and was chair of the department of religious studies from 1975 to 1982. I am an ordained minister in the United Church of Christ denomination. (See curriculum vitae attached as Exhibit 1.)

2. I served on the Board of Directors of Search Institute for 8 years ending in 1982. I am currently on the Advisory Board of Search.

3. I am making this affirmation in support of plaintiffs' motion for summary judgment because I believe that Search is a religious institution with religious purposes to further, and that, in particular, the AFLA grant awarded for the sex education curriculum was intended by Search to further the religious mission.

4. For the past ten years I have been a consultant for the New York State Board of Education to evaluate church-affiliated colleges to see whether they are sufficiently secular to qualify for state aid. This consultant work, along with my education, training, teaching, and experience as a Board member of Search all qualify me as an expert on the religiosity of Search Institute. My opinion is, however, limited to the present status of Search as directed by its founder and present president, Merton Strommen, who has plainly and strongly stamped the policies of Search with his own vocational and religious values. His successor, due to become president in 1985, will not necessarily continue these same religious policies.

5. Search was started as a conservative Lutheran research institution. Its founder and president, Merton Strommen, believes that the work of Search is to further a religious mission which promotes and encourages conservative Christianity, which is characterized by doctrinal orthodoxy, personal piety and adherence to a rigid and conventional moral code.

6. The president Strommen, Search's staff, and most of the Board are in agreement on the function and purpose of Search Institute. Although much of the Institute's work is objective empirical research in religion, undertaken mainly for conservative religious denominations, there is now an emphasis on the promotion of religious values, e.g., the curriculum funded by the AFLA. The inculcation of particular "values" is regarded as religiously mandated by Strommen and his staff. The values promoted by several Search programs are identified by Search and Strommen as religious values.

7. A preponderant number of the staff and Board believe in evangelical religious principles and in obedience to God. While it remains to be seen what the outcome of Search's work on the A.F.L.A. grant will be (until 1982, actual research by Search, although used by conservative churches, has been preponderantly objective.), it is quite evident that it was the intention of Strommen and Search, in connection with the A.F.L.A. grant, to promote selected conservative religious-based values among adolescent.

8. All board meetings open with a prayer or prayer breakfast with a specific Christian message. Board members are often invited to give "testimony" of their personal religious beliefs. There is a presumption of religious conformity among board members. (Such presumption of religious conformity is a characteristic of sectarian institutions). I believe that a Jew or liberal Christian would feel uncomfortable at the Board meetings.

Wherefore, affiant requests that this Court grant the relief requested.

September 17, 1984
Executed on

/s/ JAMES DITTES
James Dittes

Study Guide for Film Used in Catholic Family Service, Amarillo

* * * * *

THEOLOGICAL ORIENTATION: Marriage is the sign that a relationship has matured and that the two people involved are ready to share their love with each other and with any possible children. When there is no mature relationship, marriage is not possible. But God is with the individuals who are making the difficult decisions of ending a relationship, of becoming a single parent, of permitting others to care for the child. The unwed mother is a person in need and calls us to be compassionate, as Christ was. She is also a sign of hope, witnessing to the fact that the life of her child is worth personal sacrifice.

RELATED ACTIVITIES:

1. Visit a local maternity home or pregnancy counseling center. Learn about the various services offered and the techniques used in interviewing prospective clients.

2. Broaden your perspective of the term "pro life". Explore other areas which are included in this term: e.g., quality of life for elderly, euthanasia, artificial life support, genetic manipulation, capital punishment, etc.

SUGGESTED SCRIPTURE READINGS:

Gen 1:26-31
I Kings 3:16-28
Mt 7:1-6/Lk 6:37-38, 41-42
Mt 7:7-12/Lk 11:9-13

SUGGESTED OUTLINE FOR PARENT WORKSHOPS, CATHOLIC FAMILY SERVICE

SESSION 1:

PARENT AND TEEN COMMUNICATION

Goal:

a. To present information on stages of development toward better understanding.

b. To enable parents to understand adolescence and to appreciate their sons and daughters

c. To practice techniques in communication with teens

A. *Self-appreciation/self-discovery/self-expression*

Self evaluation means evaluating self and the environment around us. This is done not only in terms of economic advancement but in terms of feelings of security, warmth, affection that the family gives us. Example: Children playing on the street, homes reflect a sense of belonging.

Interpretation of religion, sainthood cult, personalized relationship with God show extended kinship and value of close personal relationships.

AMARILLO GLOBE TIMES
Page 13
Wednesday, November 24, 1982

Family Service Gets Grant for $250,000

The Office of Adolescent Pregnancy in Washington, D.C. has given a $250,000 grant to Catholic Family Service of Amarillo.

The federal grant is designed for the development of education and counseling services and Catholic Family Service plans to use part of the grant to establish a home for unwed mothers.

* * * * *

Catholic Family Service plans the home for young unwed mothers to provide a place where they can live during their pregnancies and receive counseling to help them make the best decisions for them.

The agency, due to religious doctrine, recommends adoption for children born to young unwed mothers.

* * * * *

Excerpts from Grant Application of SEMO Association of Public Health Administration

* * * * *

We recognize that while the symptom of this problem is reflected in negative health statistics the problem itself is rooted deeply in the social and religious heritage of our nation. It is within the framework that a long term solution to the problem will have to be developed. School, business and government serve to shape the intellectual and economic framework of our lifestyles. The family and the church must be shapers of our moral and ethical framework for existence. The first and most basic assumption of this proposed demonstration project is nothing more sophisticated than this fact.

Effective programs for reducing teen sexual activity and adolescent pregnancy are most likely to succeed when built on a foundation of support by the family and the church.

* * * * *

One of the most obvious tools which can be used to change the attitude of young people toward sexual activity has been avoided for many years. That tool is the use of the religious foundation as a support for sexuality education. Most major religions see sexuality as being of God and can therefore effectively and in good conscience utilize appropriate educational materials to help young people to learn about their bodies and the values that relate to sexual functioning in a context that is consistent with the tenants of their particular faith. This type of educational format has not extensively been utilized in the mid-west or the south and has great potential for affecting a reduction in the amount of early and inappropriate sexual activity.

* * * * *

The applicant is applying under the *Special Considerations* section of the program announcement. *Demonstrating that church and community* based character development and sexuality education programs can have a significant effect on the incidence of early teen sexual activity and related teen pregnancy would be a validation of a concept that has been widely supported but seldom practiced. Parents believe that sex education should be done at home, but few parents feel comfortable in addressing this issue. The church believes that moral teachings will prevent immoral sexual activity but seldom uses its influence to assist youngsters in the development of a cohesive and defensible value system that can help them to cope more effectively with the sexual pressures of adolescence.

* * * * *

Objective 1: To demonstrate the effectiveness of a family/church based approach to positive self image and sexuality training for adolescents as a means of preventing early sexual activity and teenage pregnancy.

Action Step 1: To develop and implement (from existing resources) parenting programs and youth development services designed to build self esteem in at least five different church and family settings with at least 50 youth ages 12 to 13 participating in a five year follow-along study.

Action Step 2: To train instructors from area churches and assist them in establishing parenting and youth development programs with a goal of providing continuing services to at least 500 youth.

Action Step 3: To evaluate the various types of programs used in Action Steps 1 and 2 to determine at least the following:

acceptability of each program by community & participants)

effectiveness of each program in preventing teen sexual activity and pregnancy, in building self esteem, in educating and in values clarification.

programs most compatible in each setting (churches, civic organizations, etc.)

Objective 2: To demonstrate methods and techniques for increasing parental involvement and effectiveness in preventing adolescent sexual activity.

Action Step 1: To develop adolescent health advisory committees in each of the Bootheel counties.

Action Step 2: To sponsor and staff parent/child education seminars in area churches.

Excerpts from Description of SEMO Program

* * * * *

II. THE CHURCH CAN DO YOUR JOB BETTER, CHEAPER AND WITH MORE CONTINUITY

The church in the Bible Belt, and I'm speaking of religion in general, has long been the moral leader of our communities. They can effectively implement wholesome approaches to sexuality education with only limited assistance. In fact, many of the denominations have, at the national level, a very effective and appropriate curriculum outline for sexuality education. In our part of the nation, religious beliefs strongly support the concept that man is made in the image of God. This position supports the logic that the body is not something that our children should be ashamed of or feel embarrassed about. If sexuality is dirty, guilt-ridden or embarrassing, it is because society has made sexuality that way through attitudes. In presenting sexuality education in this light, we encourage church groups to take the leadership in assuring that their church members, as parents, insist upon being the first and primary sexuality educators in their children's lives. To let some other person, television, radio, literature or even the school, preempt this opportunity and responsibility, is a serious parental mistake. In Southeast Missouri, churches are buying this concept wholesale and are working closely with us to ensure that their parents are actively involved with their family in a sexuality education program. By and large, the churches that have been more supportive to date are fundamentalist church organizations that traditionally have been the most serious and vehement opponents of sexuality education in the schools. This, we think, is a significant change in direction.

In our program, we contact churches through individuals who already believe in this concept and let them do the selling with their minister and their church leadership. We contact conservative, fundamentalist churches

first. We believe that fundamentalist church organizations are most likely to be in opposition to our program; therefore, they could be the most difficult to sell. We think it is important that we do the hard work first and leave the easy work, the more progressive or traditional church organizations, to the last. *We avoid ministerial alliances and other ecumencial groups because, in our part of the nation, membership* in ecumenical groups is often limited to the more traditional or progressive church organizations. This means that anything the ministerial alliance is for, the more fundamentalist churches are likely to be against. *Therefore, we avoid seeking the support or guidance of ecumenical groups. We encourage churches to use sexuality education materials already available through their denomination.*

* * * * *

We recruit a couple in each church to be trained as lay educators. If each church can have a young couple expertly trained to lead workshops on sexuality education, we can be assured the influence of this research effort will continue for many years to come. We stress the church's responsibility in ending the double standard. Until men, fathers, and community leaders accept the responsibility for teaching their sons responsibility and respect for womanhood, we can not expect the double standard or inappropriate teen pregnancies to be discontinued. Most importantly with churches, we insist that our educators schedule follow-up contacts after the workshops. We expect that all participants in our workshops will have follow-up contacts to find out what they have been doing about the information they received during the workshop.

* * * * *

Statistical Summary of SEMO Presentations

INFORMATIONAL PRESENTATIONS

Year-to-Date
January 1,-September 30, 1983

Type of Group	# of Groups	# of People	% of Total
Religious Affiliation	27	646	43%
Civic Clubs	27	496	32%
Other (Government Agency employees, Teachers, Civil Servants)	31	389	25%
TOTALS	85	1,531	100%

TESTING RESULTS
(Research)

Total Incorrect – Pre	Total Incorrect – Post	% Improvement
1,540	313	80%

Belcher & Dixie Presbyterian Churches
P.O. Box 207
Belcher, Louisiana 71004
(318) 378-1214

January 11, 1983

Ms. Sandy Kahn
Northwest Regional Health Center
1525 Fairfield Avenue
Shreveport, Louisiana 71130

Dear Ms. Kahn,

Some time ago in a phone conversation with Ms. Karen Logan of Gilliam, Louisiana, you agreed to teach Sex Education to an interdenominational church related group known as the North Caddo Youth for Christ. This group is composed of young people, grades 7-12, who attend a number of schools in Caddo Parish. This letter is to formally request that you teach this and to confirm the date, time and topics you will be presenting.

According to my information, you have agreed to teach this course at the Belcher Presbyterian Church on Saturday, February 19, 1983, from 1 p.m. to 7 p.m. or so. For the first hour, you agreed to meet with the parents of the youth. The rest of the time you wished to meet with the youth to cover the following topics that we requested: physical changes; self-image; sexual intercourse and conception; dating and/or boy-girl relationships; values and decision-making. This will be followed by a brief presentation by myself on Biblical and theological views regarding sex.

I will call you later this week in order that we can set a time for you, Ms. Logan and me to meet and make further

plans. I encourage you to suggest any changes you feel are necessary. I look forward to meeting with you.

Sincerely,
/s/ BILL J. INGERSOLL
William J. Ingersoll
Pastor – Belcher & Dixie
Presbyterian Church

cc: Karen Logan

The Franciscans Sacred Heart Church
101 Cottonwood
Emporia, Kansas 66801
316-342-1061

April 25, 1982

Eileen Greischar, R.N.
Administrator
Lyon County Health Department

Dear Mrs. Greischar:

The Adolescent Family Life Program which you spoke to me about the other day is something that I as a pastor here in Emporia I am very much concerned about. I along with many of the other pastors here in Emporia have been looking for a program and a referral service which your program embodies. I sure hope that you are able to obtain funds for your program for it would be a great asset to our community.

I feel that many of the family living and human sexuality courses that are offered in the school systems do have gaps that your program will be able to cover. One to one counseling is so important. I feel that openness to life approach that you have is what I as a pastor would like to see more of. So often in cases of pregnancy people just want to "abort" without ever considering other approaches or having other alternatives explained to them.

Here at Sacred Heart Church we have been trying to give a more "wholistic" approach to the whole area of sexuality, pregnancy, birth control but we are more and more aware that we need a larger community based organization to complement our efforts. I sure hope that you are able to proceed with your plans and that you receive community as well as governmental support.

I have long admired the work that you and your staff do here in Emporia and I think that your Adolescent Family Life program is another example of your community concern and your forward thinking.

Sincerely yours,
/s/ REVEREND ROBERT WEAKLEY
Rev. Robert Weakley, O.F.M.
Pastor
Sacred Heart Church

Excerpt from Grant Application of Cities in Schools

C. *Here's Life Washington*

Cities-In-Schools is linked with Here's Life Washington, an interdenominational religious organization. Here's Life Washington serves the Adolescent Family Life Center as a spiritual resource for interested clients and their families as well as for residents of the Washington, D.C. community.

Religious organizations provide a belief system with standards and values by which a person can guide his actions. Research supports a belief system to be congruent with mental health. The belief system of Here's Life Washington supports the following purposes of the CIS/APP:

1. To promote self-discipline to the problem of premarital sexual relations.
2. To maximize guidance and support from families to adolescents.
3. To promote adoption as an alternative for adolescent parents.
4. To utilize community religious organizations as support systems to clients and their families.

Description of Here's Life Washington

The objectives of Here's Life Washington are:

1. To promote a lifestyle based on Biblical principles.
2. To provide a primary internal movitation to enable one to make constructive choices for one's life.
3. To encourage supportive relationships within the family system.
4. To provide a basis for increasing self-respect to help a person see their potential to become a productive member of society.

Here's Life Washington will implement the following method to accomplish their goals and objectives:

1. Individual counseling based on Scriptural principles.

* * * * *

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Appendix CS
DONALD H. FRANK
PASTOR

Boone Memorial Presbyterian Church
P.O. Box 427
Fourteenth and Dearborn Streets
Phone 209 459-0069
Caldwell, Idaho
83605

April 15, 1982

Terry Riley, Administrator
Community Health Clinics, Inc.
1503-3rd Street North
Nampa, Idaho 83651-4098

Dear Mr. Riley,

My first experience with the Adolescent Health Program and with the co-directors, David Reese and Ellen Peach, was last summer when the plans for the Cooperative Vacation Church School began. The committee decided to offer classes for adults while their children attended class. Myrtice Barrett, R.N. M.S. suggested we have the *Family Talks* program which she had heard about. We did offer the program and it was very well received by the parents. I also attended and was very much impressed by the material and the way it was presented by David and Ellen.

Since last summer's experience I have used the Adolescent Health Program's film resources. We showed films on puberty to students in our Youth Club Program and had discussions afterwards led by their teachers. We appreciate the services of the Adolescent Health Program, and the cooperation that David and Ellen have shown.

Our Church hopes to sponsor *Family Talks* again– possibly this next fall. We would be very willing to have people from this church trained as leaders. I would especially like to take advantage of being trained as a leader because of my work which deals with Christian Education for 2 years old through adult.

Sincerely,
/s/ MARY J. PASLEY
Mary J. Pasley
Director of Christian
Education

MJP/bas

cc: Ellen Peach
David Reese

"WE SEEK TO KNOW CHRIST, TO SERVE HIM, AND TO MAKE HIM KNOWN"

Catholic Social Services
of Wayne County
Main Office: 9851 Hamilton Ave., Detroit, Michigan
48202 ■ (313) 883-2100
Branch Offices: 17108 Mack Ave., Grosse Pointe,
Michigan 48224 ■ 881-6645
17332 Farmington Road, Livonia, Michigan
48152 ■ 421-3730
24331 Van Born Road, Taylor, Michigan
48180 ■ 292-5690
Timothy F. Ryan, A.C.S.W.–President
Bernard V. Kazyak, A.C.S.W.–Vice President

March 18, 1983

Dear Pastor,

I know you are busy. Still, I am sending one more thing for you to read. I would like to introduce an Adolescent Family Life Demonstration Project administered by Catholic Social Services of Wayne County and funded by the Federal Government. The project has been developed with the help of the Christian Service Department of the Archdiocese in response to an often articulated and deeply felt need within the community. We believe we have a curriculum which will strengthen family ties within a context of respect, values and responsibility.

Enclosed please find a brochure, fact sheet, and my card. The program is offered to any community group, parish, school, etc. which can enroll at least ten families. If you believe there is a group within your parish that would be interested, please call us.

Thank you,
/s/ GAIL E. ZETTEL
Gail E. Zettel, A.C.S.W.
Director, Adolescent Family
Life Demonstration Project

GEZ: dg
Enclosures

A Parish Resource . . .
Catholic Social Services of Wayne County presents:
CASI*
COMMUNICATION AROUND SEXUAL ISSUES

- for TEENS (11-17)
- for their PARENTS

A recent statement by Pope John Paul II emphasizes the urgent need for family-based involvement in the healthy sexual development of family members. It follows, then, that parishes will need to find ways to provide assistance for parents and young people in order to achieve this goal.

In keeping with the Pope's strong guideline, Catholic Social Services of Wayne County developed and received funding for a special program which helps parents and young people learn communication skills and develop a valid base of information about sexual concerns.

The program is in its second year and has proven highly successful among such widely diverse groups as: Franklin Wright Settlement; Y.W.C.A.; Holy Trinity parish; Catholic and public school students; Barat Family Center; Family and Neighborhood Services and many others.

* * * * *

Theme and thrust of the C.A.S.I. sessions is to assist young people to make value-based judgments and commit themselves to assertive action which safeguards physical, psychological, and spiritual health.

* * * * *

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*C.A.S.I is a Federally funded Adolescent Family Life Demonstration Project.

Excerpts from Grant Application of Charles Henderson Child Health Center, Troy, Alabama

* * * * *

EDUCATIONAL SERVICES RELATING TO FAMILY LIFE

It has been said that "an intact family of origin and religious commitments seem to reduce the probability of sexual activity and pregnancy." It is our firm belief that a re-commitment to the family and its true meaning strengthens all the forces that combat sexual promiscuity, teenage pregnancy and result in adverse health and sociable impact. In our current service and education program and under its present operating functions, there is no practical way to reach the family. The school system is, of course, ideally suited for the identification of pregnant teenagers and for the education of those not pregnant. There appears to be only one mechanism through which the families may become a part of our effort, *that being the church*. Our program has had the complete support of over 40 pastors of churches in the Pike County community. Already, we look on the pastors as being a part of our planning effort and with this initial success we are proposing that a week in September 1982 be set aside as Family Week culminated by Family Sunday at which time the many pastors throughout the area will devote their message to some aspect relating to the Family, their commitment to each other, and their commitment to their moral standards. This has now been approved by the City Commission of Troy, Alabama, the Pike County Commission and the city of Brundidge, in the form of a proclamation. The Troy City Commission Proclamation is attached.

* * * * *

1) Continue to meet with the Officers of the Ministerial Task Force.

2) Develop a list of all religious organizations in the community.

3) Personally contact each Minister to explain, gather feedback, and solicite support for the "Family Week" Program.

4) Organize a specific task force composed of Ministers and TAP staff to design the specific Programs to be presented.

5) Present the programs during "Family Week".

6) Evaluate the impact of the program.

* * * * *

Excerpts from Grant Application of Hawaii Department of Health

Section 5: Involvement of Families, Religious Groups and Other Community Participants

Families, religious and charitable organizations, voluntary associations and other community groups will be specified as participants in each project component. It is the intent of the project to involve families, and the other appropriate community groups as a matter of philosophy in all project activities.

* * * * *

Outreach

Outreach efforts will be made to teens, families, schools, churches, etc. Well-trained outreach workers will be pivotal members of the project, support comfort, being the referral contact, a support figure, etc. Ideally two workers—one male, one female—and preferably, one older, one younger.

Religious Groups

Churches will be encouraged to offer their unique lesson materials on teen sexuality and family involvement. A growing resource file of all church produced materials already begun, will be expanded.

Excerpt from Play Presented by University of South Carolina

TRACIE: I went to the Doctor today. Found out I was pregnant. I haven't talked to anyone else about it yet.

* * * * *

CHARLIE: I think I'm going to have an abortion. That way I won't have to worry about any of this. But I wonder how my parents feel about this.

MAURICE: Your mother and I really are disappointed, we thought you had such a bright future. But as our daughter, we feel a strong need to support your decision with all the love we feel for you. But I really don't know if abortion is right or not. Do you?

CHARLIE: I'm not really sure either. Maybe the church can help me.

KARYN: The church never has, does not now, and will never approve of abortion, young lady.

CHARLIE: Well, I certainly know where the church stands. There's probably no one else to talk to about this.

* * * * *

KARYN: The church stands behind your decision. We will do everything we can to help support you and bring your child to God. But you must realize that in order for that child to grow to be the best person it can be, you'll have to spend a lot of time raising it properly.

* * * * *

FAMILY OF THE AMERICAS FOUNDATION, INC.
World Organization Ovulation Method-Billings. U.S.A.
The Christian Alternative
308 South Tyler Street, Covington, Louisiana 70433
(504) 892-4046

December 2, 1983

His Holiness
John Paul II
Vatican City
Europe

Most Holy Father:

We would like to report to Your Holiness the progress which we have made in obtaining U.S. government funding for our activities, both in the United States and for countries of the developing world.

We have recently received a grant for $350,000 from the Department of Health and Human Services, Office of Adolescent Pregnancy Programs to develop, test and disseminate a comprehensive national educational program for:

1) assisting parents to become more effective in providing sex education to their children, and;
2) teaching adolescents about their fertility, the importance of protecting their capability for procreation and encouraging them to accept responsibility for their sexual behaviour.

The purpose of this government program is to develop a secular sex education which will be acceptable to all religious denominations;

We have also received a grant from De Rance Foundation which will allow to us expand the government program to a more specific Catholic program for parents and adolescents, for which we have developed a preliminary outline.

This entire project will be carried out over a period of three years during which time we will prepare and test the program, evaluate and modify the curriculum and finally expand and disseminate the final work. We will also provide the program in videotaped format for use around the country, to parishes, schools and individual homes.

We are also moving toward finalization of an approved project with the United States Agency for International Development which will provide funds for three projects:

1) The printing and distribution of a simplified charting procedure to approximately 40 developing countries of Latin America, Africa and Asia which will improve and simplify the teaching of the Billings Ovulation Method of natural family planning.
2) The production and distribution of a film about the scientific background and practical application of the Billings Ovulation Method for the same 40 countries in five different languages.
3) Implementation of a comprehensive training program to train approximately 200 teachers of the Billings Ovulation Method for various countries of Latin America.

The workscope for two of these projects has been agreed upon by the Family of the Americas and the Agency for International Development, and the third one is under final revision. When the U.S. Congress reconvenes on January 23, 1984, they will consider approval of A.I.D.'s intention to enter into a Cooperative Agreement with Family of the Americas, encompassing these three projects. If Congress approves the agreement, we will receive approximately $1,000,000 to expand our efforts in the Third World.

We humbly request your prayers and blessing to accomplish successfully these ambitious projects.

Yours sincerely in the Lord,
/s/ MERCEDES WILSON
Mercedes Wilson
Director

MW/gb

Excerpt from Grant Application

FAMILY OF THE AMERICAS FOUNDATION

Fertility Appreciation for Families

I. *PURPOSE OF THE HEALTH AND HUMAN SERVICES GRANT*

- Develop and impart a "working curriculum" to enable parents to instruct their 10-14 year old children about sex education
- Help parents learn how to teach sex education to their children using this curriculum
- Father's role in the educational process
- Mother's role in the educational process

II. *THE FAMILY*

- History of the family
- Importance of the family
- Forces working against the family
- Effects of disruptive forces on children
- Population control

III. *HUMAN SEXUALITY*

- Definition of human sexuality
- Physical sexuality
- Intellectual sexuality
- Philosophical sexuality

II. *PHYSICAL SEXUALITY*

- Female anatomy and physiology
- Male anatomy and physilogy
- Prevention of the disruption of normal functions of the body
- Evaluation of relationships based only on physical sexuality

V. *INTELLECTUAL SEXUALITY*

- Develop of female characteristics
- Development of male characteristics
- Understanding fertility as a gift
- Attitudes of females and males toward their sexuality
- Rationale governing respect for natural laws

VI *PHILOSOPHICAL SEXUALITY*

- *Highest level of sexuality*
- *Inclusion of values and teaching of values*
- *Dignity of man and woman*
- *Principles and ethics*

VII. CHILD DEVELOPMENT FROM AGE 10 TO 14

- Instilling ideas of personal worth, self-esteem, and dignity
- Individual's responsibilities toward self, family, community, and country
- Techniques and strategies for the communication of information

Billings Ovulation Method
"Adolescent Sexuality Program"

SPERMICIDES

DEFINITION:

Spermicides are available in numerous forms—including creams, jellies, suppositories, aerosol foam and foam tablets. They form a chemical barrier at the opening of the uterus that prevents sperm from reaching an egg in the uterus. They may also destroy or damage sperm.

POTENTIAL SIDE EFFECTS:

- Evidence of greater incidence of congenital disorders in children conceived during use of spermicides
  - Down's Syndrome
  - Limb reduction malformations
  - Malignant Neoplasms
  - Severe Hypospadias
- It increases the chances of vaginal infections by altering the normal chemical environment of the vagina due to the absorption of the spermicides.

DIAPHRAGM

DEFINITION:

A diaphragm is a flexible metal ring covered with rubber in the shape of a shallow dome. It is placed in the vagina so as to completely encircle the cervix, thereby preventing sperm from entering the uterus. It is usually used with a spermicide or sperm-killing jelly or cream applied to the side of the dome facing the cervix.

POTENTIAL SIDE EFFECTS:

- Evidence of Toxic Shock Syndrome has been linked to diaphragm use. Toxic Shock Syndrome, a rare, sometimes fatal illness, usually associated with tampon use—has been linked to the use of diaphragms in some women, as reported by the *New England Journal of Medicine*. Toxic shock first came to national attention more than a year ago when it was contracted by a number of menstruating women who consistently used vaginal tampons.

ABORTION

DEFINITION:

The premeditated killing of an unborn baby in the mother's womb during the period of gestation by artificially inducing the expulsion of the baby so that it does not survive.

IMMEDIATE COMPLICATIONS:

A) Early abortion: suction, D&C:

- laceration of cervix
- hemorrhage
- perforated uterus
- laceration of urinary bladder and ureters
- air embolism
- laceration of bowel
- shock
- anesthesia reactions: cardiac arrest, bronchial obstruction, anaphalactic shock
- transfusion reactions
- laparotomy
- hysterectomy
- retained tissue
- death

IMMEDIATE COMPLICATIONS – Continued:

B) Late abortion: Saline:

- transplacental hemmorhage
- anesthesia reactions
- hypernatremia
- edema of brain
- convulsions
- coma
- kidney failure
- heart failure
- failure to abort after death of baby
- baby born alive: badly burned

C) Late abortion: hysterotomy:

- all babies born alive
- hemorrhage
- transfusion reactions
- anesthesia complications
- hysterectomy
- high mortality rate

Delayed Complications:

- retained tissue
- continued bleeding
- septicemia
- pelvic inflammatory disease
- peritonitis
- re-admission for further surgery
- blood dyscrasias: afibrinogenanemia (failure of blood to clot)
- fetal homografts: (mass of fetal tissue in pelvis)
- lung abscess (aspiration of vomitus during anesthesia)
- deep vein thrombosis
- death

EFFECTS ON LATER PREGNANCY:

- sterility
- spontaneous miscarriage – 50 percent increase
- ectopic pregnancy – 200 percent increase
- mental retardation – 40 percent increase
- prolonged labor
- rupture of uterine scar (post hysterotomy)
- development of Rh antibodies in Rh negative mother
- cervical incompetence (after early abortions)

REFERENCES:

Ehrenreich, B., Dowie, M., and Minken, S., "The Charge: Genocide", Mother Jones, p. 35, November 1979. (This article is a part of a series of articles that won the 1979 National Magazine Award for excellence in American Journalism sponsored by the Columbia School of Journalism.)

Darling, J., et. al., *Lancet*, 1:170-72, 1975.

Harlap, S., et. al., *American Journal of Epidemiology, 102:217-21, 1975.*

Helms, J., Congressional Record, S18273, October 1, 1973.

Hodgson, J., et. al., *Journal of the American Medical Association*, 228:849-50, 1971.

Tietze, C., et. al., *Studies in family planning*, 3:97-122, 1972.

Viel, B., "The health consequences of illegal abortion in Latin America", *Pregnancy Termination*, MD: Harper & Row, pp. 353-60, 1979.

AFFIDAVIT

I, DOCTOR PAUL DEWAYNE SIMMONS, hereby affirm under penalty of perjury:

1. I am an ordained Baptist minister and professor of Christian Ethics at the School of Theology of the Southern Baptist Theological Seminary. I am making this affidavit as an expert on religious (theological) approaches to bioethical decision-making in support of plaintiffs' claim that the Adolescent Family Life Act, which permits religious organizations to be grantees but has an abortion restriction on eligibility discriminates against those religious groups and organizations whose theological approaches and moral perspectives on abortion make them ineligible for funding.

2. I received a B.A. from Union University, a B.D. and Th.M. from Southeastern Baptist Seminary and a Ph.D from Southern Baptist Seminary. I have done post-doctoral studies at Princeton Theological Seminary and at Cambridge University. (See resume attached as Exhibit A)

3. I am the author of numerous articles including "A Theological Response to Fundamentalism On The Abortion Issue", "Religious Liberty And The Politics of Abortion" and "Bioethical Issues In Christian Perspective." I am also the author of three books including, *Growing Up With Sex*, *Issues In Christian Ethics* and *Birth and Death: Bioethical Decisionmaking*. The latter is a systematic study of biblical perspectives on abortion, elective death, biotechnical parenting and genetics (a chapter of which is attached as Exhibit B). *Growing Up With Sex* is a book on sex education commissioned by The Southern Baptist Convention and published by that denomination's publishing company, Broadman Press, Nashville, Tennessee.

4. The definition of "person" is a theological or metaphysical question.

4a. The position that a fetus is a person from the moment of conception is a religious belief. This doctrine is the official teaching of the Roman Catholic Church and many fundamentalist theologians. Therefore, from this religious perspective, abortion is murder.

This was clearly and forcefully expressed by Pope Pius XII in 1951 in an *Address to the Italian Catholic Society of Midwives, Acta Apostolicae Sedis* 43:838-39:

> "The baby in the maternal breast has the right to life immediately from God. – Hence there is no man, no human authority, no science, no medical, eugenic, social, economic or moral 'indication' which can establish or grant a valid juridical ground for a direct deliberate disposition of an innocent human life, that is a disposition which looks to its destruction either as an end or as a means to another end perhaps in itself not illicit. – The baby, still not born, is a man in the same degree and for the same reason as the mother."

This statement was re-affirmed and enforced by subsequent Popes such as Pius XII in *Acta Apostolicae Sedis*, 43 (1951) and Paul VI, in *Humanae Vitae*, Acta Apostolicae Sedis 60:481-503 (1968).

Among fundamentalist theologians, such views are to be found in Francis Schaeffer and C. Everett Koop, *Whatever Happened to the Human Race* (Revell, 1979), p. 23ff. and Donald Shoemaker, *Abortion, The Bible and the Christian*, (Hayes, 1976), pp. 35ff. Scripture passages used in support of this position include the following:

Isaiah 49:1: "The Lord called Me from the womb; from the body of My mother He named Me."

Jeremiah 1:5: "Before I formed you in the womb I knew you, And before you were born I consecrated you; I have appointed you a prophet to the nations."

Psalm 139:13-16: "For thou didst form my inward parts; Thou to Thee, for I am fearfully and wonderfully made; Wonderful are Thy works and My soul know it very well . . . "

Psalm 51:5 "Behold, I was brought forth in iniquity, and in sin my mother conceived me."

Matthew 1:18, 20 "Now the birth of Jesus Christ was as follows. When His mother Mary had been betrothed to Joseph, before they came together she was found to be with child by the Holy Spirit . . . 'for that which has been conceived in her is of the Holy Spirit."

See Donald Shoemaker, *Abortion, The Bible and the Christian* (Hayes, 1976), p. 30 f. where he argues that God allows or permits such burdens (as pregnancy by rape or incest) to be placed upon women, but does not allow the termination of such pregnancies because the unborn is to be regarded as a person from the moment of conception (p. 36, 38, and 41.)

4b. Judaism and most mainline Protestant groups reject this concept of personhood on biblical, theological and logical grounds. Logically, for instance, it can no more be contended that a fertilized ovum (the moment of conception or a zygote) can be regarded as a person than a fertilized hen egg can be regarded as a chicken. Potentialities are not actualities, no matter how important beginnings are to the finished product. A DNA code is contained in every human body cell and thus could be fashioned into a person by the process of cloning. Thus, every body cell is potentially a person, but it is logically absurd to conclude that each cell of the body (including even cancerous cells) is a person.

The Bible makes a clear distinction betwen the value of a fetus and that of the woman. The story of Exodus 21:22-25 regards a fetus killed accidentally of monetary worth and thus a fine is levied against the man who caused the spontaneous abortion; but if the woman is injured, the law of retaliation in kind is applied. The woman is regarded as a person, the fetus is not. Furthermore, the creation narrative of Genesis 2:7 declares that "The Lord God formed man of the dust of the ground, and breathed into his nostils the breath of life; and man became a living

soul." Thus, Jewish and mainline Protestant thought has focused on breath or birth as the appropriate stage to speak of the personhood of the fetus.

Theologically considered, the biblical portrait of a person emphasizes certain traits or characteristics that are associated with "the image of God." These features include (1) life as animation—a person is a living breathing entity (Gen. 2:7); (2) a person is a moral decision-maker: "the man is become as one of us, to know good and evil" (Gen. 3:22); (3) the person is capable of reason and self-awareness; (4) the person is able to enter into relationship with others; and (5) the person has spiritual capacities, able to live in relation with God and be obedient in faith. This portrait is that of a complex, many-sided creature with the godlike ability and responsibility of making choices based upon values and moral and religious commitments. (See, for instance, Karl Barth, *Church Dogmatics*, III/4. pp. 327-333, for an outline of characteristics belonging to personhood theologically considered.)

5. There is consensus amoing fundamentalist leaders that abortion violates an absolute moral rule based on the assumption that the fetus is a human being from the moment of conception.

6. Fundamentalist theology has its origins in the early twentieth century as a response to the increasing influence of science upon religious understandings and an effort to strengthen orthodox beliefs for Protestants based upon a rationalistic and doctrinaire approach to theology. Its doctrinal bases are stated in *The Fundamentals*, which was published between 1910 and 1915. These include: the inerrancy and infallibility of the Bible; the virgin birth of Jesus, the bodily resurrection, the penal substitutionary theory of atonement, and the bodily return of Jesus at the last time, the end of the world. Its anti-scientific bias was seen most prominently in the Scopes "Monkey Trial" at

Dayton, Tennessee in 1925, when the theory of evolution was attacked as being contrary to Scripture and Christian understandings of creation. Perhaps the most notable emphasis of fundamentalist theology is its stress on God's activity through miracle.

Fundamentalism is not confined to a particular denomination (though there is the Independent Fundamentalist Convention with headquarters in Springfield, Missouri) but has representative proponents in most of the Protestant denominations. It can be identified both by its adherence to the fundamentals of theology (above) and by its spirit or attitude toward those who do not accept its propositional understanding of faith and religion. It is highly committed to converting the world to its point of view and resorts to persuasion and other types of coercion both legal and regulative as through the requirements of its boards and agencies that all Christians adhere to its tenets. It is highly dogmatic and authoritarian using its theological and moral tenets as tests for fellowship within local churches and within denominations. A basic tenet of fundamentalist theology relating to abortion is the doctrine of providence, that is, God's relationship to the entire process of conception and birth. For the fundamentalist, God is the cause and power of all that is and God governs all natural processes. Therefore, not only is the conceptus regarded as of equal value and personhood with the woman, but conception is viewed as the consequence of an act of God. Such an approach to moral issues through the "laws of nature" is regarded as untenable in mainline Protestant thought on scientific and theological-biblical grounds.

7. Fundamentalist teachings on the doctrine of providence as it relates to abortion preclude individual decision-making by the pregnant woman, however, Protestant teachings on abortion focus on the personhood of the woman and her rights and responsibilities in making the abortion decision. See James M. Gustafson, "A Prot-

estant Ethical Approach." in *Abortion: the Moral Issues*, edited by Edward Batchelor, Jr. (Pilgram Pr s, 1982, pp. 191 ff, especially p. 197 where he argues that "the liberty of the woman's conscience" must be recognized. See also Paul D. Simmons, *Birth and Death* (Westminster, 1983), p. 90 f, where the importance of the Protestant notion of the priesthood of every believer is focused upon the woman as the primary moral decision-maker in the matter of pregnancy termination.

8. The abortion issue divides denominations along theological and ethical lines. The Southern Baptist Convention has been divided about evenly on abortion as public policy, i.e., toward the legal availability of abortion. In resolutions in 1971, 1974 and 1976 legalized abortion was supported; in 1980, 1983, and 1984 resolutions called for the prohibition of abortion. (See attachment, Exhibit C.)

9. The consensus among Biblical scholars is that the Bible makes a clear distinction between the woman as person and the fetus. The fetus has value (Exodus 21:22f.) but is not reckoned as a person under the law until birth (Genesis 2:7). The Bible contains no prohibition of elective abortion even though abortion was practiced in biblical times. This is especially noteworthy in light of the fact that so much of the New Testament was addressed to churches in the Greco-Roman world where abortion was commonly practised.

10. Differing theological teachings on religious liberty are determinative of a denomination's position on abortion legislation.

Fundamentalism is theocratic, with roots in New England Puritanism and thus seeks to legislate both doctrine and morals as does traditional Roman Catholic thought which advocates a "church-over-state" approach. Vatican II documents also advocated religious liberty and freedom of conscience.

> " . . . the human person has a right to religious freedom. This freedom means that all men are to be immune from coercion on the part of individuals or of social groups and of any human power, in such ways that in matters religious no one is to be forced to act in a manner contrary to his own beliefs."
>
> " . . . the right to this immunity continued to exist even in those who do not live up to their obligation of seeking the truth and adhering to it. Nor is the exercise of this right to be impeded, provided that the just requirements of public order are observed."

Dignatatis Humanae: Declaration on Religious Freedom, chapter 1.

This statement makes it clear that any law, such as those concerning the legal availability of abortion, is to be based on "the just requirements of public order" and not on religious doctrine.

This also explains why Catholics are deeply divided on the subject of abortion and public policy: those who strictly follow traditional teachings and the pronouncements of the Roman Catholic hierarchy are advocating the imposition of a religious dogma as law; those who follow Vatican II are advocating freedom of conscience and opposing the efforts to base law on the notion of a fetus as person from the moment of conception, as indicated in *Humanae Vitae*.

Free church Protestants deal with the question of abortion as a matter of private religious morality, refusing to support a legislative ban since a religious doctrine should not be imposed by law upon all religious groups in a pluralistic society.

The 1983 General Assembly of the Presbyterian Church adopted a statement clearly based upon this principle. In supporting the legal availability of abortion, it declared that:

(1) Public law should not be based upon or support particular religious views;

(2) Public law should establish *public* policy and protect the *public* interests;

(3) Law should not pre-empt or preclude *moral* decisions;

(4) Public law should not make decisions easy for some, difficult or impossible for others.

(5) Moral decision requires (a) time, (b) careful consideration and (c) a third party.

11. My book, *Growing Up With Sex*, is a book officially sanctioned by the Southern Baptist Convention for sex education classes for 11-14 years olds. It was written: (1) to encourage chastity before marriage, (2) to inform youngsters about sexual function, and (3) to discuss difficult areas in developing sexual attitudes and confronting problems in sexuality. Abortion is discussed as an example of the latter. Thus, no Southern Baptist Church that uses this officially commissioned work would be eligible under the "Adolescent Family Life Act" even though it advocates sexual abstinence for teenagers.

12. It is my understanding that the "preventive" aspect of the Adolescent Family Life Act funds religiously affiliated groups, among others, to teach values to teenagers, including the importance of premarital chastity. Furthermore, these preventive sex education programs can only include negative material about abortion or omit it entirely, thereby giving teenagers biased information about pregnancy options. As a religious expert, I find the concept of the government funding religiously-affiliated groups, or secular groups which involve religions, to teach sex education courses very troublesome. The very purpose of religion is to transmit certain values, and those values associated with sex, marriage, chastity and abortion involve religious values and theological or doctrinal issues. In encouraging premarital chastity, it would be extremely difficult for a religiously affiliated group not to impart its own religious values and doctrinal perspectives when teaching a subject that has always been central to its religious teachings.

13. It is my considered judgment that the "Adolescent Family Life Act" violates both the letter and intention of the First Amendment guarantee that "Congress shall make no law respecting an establishment of religion or restricting the free exercise thereof." In basing the "Adolescent Family Life Act" on one particular side of a profound theological debate among American religious groups, it has wittingly or unwittingly attempted to settle a theological dispute for all Americans. Therefore, Congress has entered the realm of theological debate which seems to violate the restriction that "Congress shall make no law respecting an establishment of religion . . . " At least one meaning of the Establishment Clause seems to limit the role of Congress so as to prevent its entering the arena of theological disputes. This Act clearly discriminates against those who do not subscribe to or believe particular religious or theological perspective.

I hereby swear that the foregoing is true under penalty of perjury.

Dated:
November 16, 1984 /s/ PAUL D. SIMMONS
Paul DeWayne Simmons

AFFIDAVIT

RABBI DAVID M. FELDMAN hereby affirms under penalty of perjury:

1. I am ordained as both an Orthodox and Conservative Rabbi and presently serve as Rabbi of the Teaneck Jewish Center in Teaneck, New Jersey. I am making this affidavit as an expert on Jewish law in support of plaintiffs' claim that the Adolescent Family Life Act, which discriminates against organizations based on their abortion positions, divides religious organizations along denominational lines and discriminates against Jewish organizations whose services would make them ineligible.

2. I attended Yeshiva University and the Jewish Theological Seminary and have been actively engaged in the study of Jewish law since my ordination in 1955.

3. I am a member of the Law Committee and Steering Committee of the Rabbinical Assembly, and am Chairman of the Medical Ethics Commission of the Jewish Federation of New York.

4. I was a member of the editorial advisory of a multivolume encyclopedia of bioethics issued by the Kennedy Institute of Bioethics in Washington and wrote for that encyclopedia on article on abortion and Jewish law.

5. I have published a book on birth control and Jewish law, entitled *Marital Relations, Birth Control and Abortion in Jewish Law* (1968). This book includes a point-by-point comparison with principles of the classic Christian tradition (Catholicism) relating to sexual relations, abortion, and birth control.

6. Jewish religious teachings on abortion are based on the Five Books of Moses, the Mishnah and the G'mara (which comprise the Talmud), and Responsa literature through the centuries.

7. Jewish teachings hold that a fetus is not a human person until it exits the womb into the light of the world. This principle is a metaphysical-cultural determination and

cannot be affected by scientific or technological developments. It also differs from other metaphysical systems which regard abortion as worse than murder because the fetus remains uncleansed of original sin.

8. Under Jewish law, abortion is not the murder of an innocent person; only killing of the potentially human. Also, it cannot be murder, for even a pregnant women must choose martyrdom over murder of the innocent.

9. The Mishnah teaches that for a woman whose life is threatened even up to the moment of birth, abortion is required. This is because her actual life must be given precedence over any potential human life.

10. It is a Rabbi's obligation to counsel a woman that it is her religious duty to follow the advice of her doctor when the doctor sees a threat to her life or health.

11. Mainstream Jewish teaching and doctrine hold that abortion is also warranted where a woman's mental health is at real risk.

12. In Jewish law a mother's life takes precedence over that of the fetus, and a woman's pain and welfare are also to be considered ahead of becoming or remaining pregnant.

13. Jewish law mandates respect for a woman's decision regarding termination of a pregnancy, providing it is based on these moral priorities.

I affirm that the foregoing is true under penalty of perjury.

Dated:

RABBI DAVID M. FELDMAN

Rabbi David M. Feldman

AFFIDAVIT

BEVERLY W. HARRISON hereby affirms under penalty of perjury:

1. I am a professor of Christian Ethics at Union Theological Seminary in New York and past president of the Society of Christian Ethics. I am an expert on the various Christian theological traditions on abortion, and have published a book critiquing them, entitled *Our Right to Choose* (1983). (Curriculum vitae attached as Exhibit A).

2. I am making this affidavit in support of plaintiffs' claim that the Adolescent Family Life Act, which permits religious or religiously affiliated organizations to be grantees but has an abortion restriction on eligibility, discriminates against religious organizations along denominational lines since some religious bodies have theological teachings on abortion which make them ineligible for funding.

3. The question of the permissibility of abortion is related to specific theological teaching and the answer varies among different denominations and religious groups. The differences are based on several aspects of doctrine such as what a denomination teaches about the nature of sin, the role sexuality, the nature of a fetus, and also on whether emphasis is placed on the importance of individual's conscientious decisionmaking, and the value of a woman's life and her physical and mental well-being.

4. Theological teaching about fetal life varies. Jewish religious tradition tends to place a pregnant woman's well-being above the value of the fetus. Many Protestants teach that fetal development must be well advanced before "personhood" can be ascribed to the fetus. Since the late nineteenth century the Roman Catholic Popes have insisted that Roman Catholics must believe that full human life begins at conception.

5. The Roman Catholic hierarchy now insists that a conceptus is a fully human being from the moment of conception and aims to impose this belief on all Catholics.

6. Theological ideas about the given value of the fetus within a particular religious group condition its teaching as to whether abortion is a permissible alternative within the denomination or religion. Well over a dozen Christian denominations have public policies on abortion that make it possible for their clergy and laity to support the option of abortion in some or many instances. The Adolescent Family Life Act is discriminatory to these Christian groups as well as to Jewish and Hindu people or to those who profer no religious belief.

I swear that the foregoing is true under penalty of perjury.

Dated: November 1, 1984 /s/ BEVERLY W. HARRISON
Beverly W. Harrison

AFFIDAVIT

Frederica Foster Hodges, affirms the following is true under penalty of perjury:

1. I am the executive director of The Religious Coalition For Abortion Rights (RCAR) located at 100 Maryland Ave., N.E., Washington, D.C. I have been Director for over 1-1/2 years, prior to that I was associate director for 5 years.

2. I am making this affidavit in support of plaintiffs' motion for a summary judgment.

3. RCAR is a national membership organization located in Washington D.C., with active affiliates in 21 states. The purpose of RCAR is to educate the American public about the diversity of religious views in the religious community on abortion, and to educate the public about the threats to religious liberty, posed by anti-abortion legislation.

4. The membership of RCAR is comprised of thirty one divergent religious organizations. Because each religious denomination approaches the issue of abortion from the unique perspective of its own theology, members hold widely varying views on when abortion is morally justified. All agree however, that there are situations in which abortion may be a moral alternative and all agree that every woman must have the freedom to make decisions concerning abortion in accordance with responsible medical practice and in light of her conscience and religious beliefs.

5. It is my job to research, authenticate, verify and present the religious views of our members to the public. To disseminate these views we have published a booklet entitled "We Affirm" setting forth the varying religious views of our members. A copy is annexed hereto as Exhibit A.

6. Our members are unified by the view that laws restricting abortion or discriminating between sectarian groups based on their religious beliefs about abortion, such as the AFLA, are a threat to their religious liberty.

7. As a part of my ongoing duties I also compile and disseminate the religious positions on abortion of denominations which do not belong to RCAR.

8. Any statute which funds religious groups to teach sex education or provide care for pregnant adolescents and restricts funding to groups which do not or would not discuss abortion as a moral or religious option would violate the religious precepts of the members of RCAR making them ineligible for applying for such grants.

/s/ FREDERICA HODGES

Frederica Hodges

Dated: 10-18-84

AFFIDAVIT

I, REVEREND JOHN PHILIP WOGAMAN, hereby state under penalty of perjury:

1. I am a Professor of Christian Social Ethics at Wesley Theological Seminary in Washington, D.C. I am making this affidavit as an expert on religion in support of plaintiffs' claim that the Adolescent Family Life Act, which permits religious organizations to be grantees of federal funds but has an abortion restriction on eligibility, discriminates against religious organizations along denominational lines since some religious bodies have theological teachings on abortion which make them ineligible for funding.

2. I received a B.A. degree from University of the Pacific; a Bachelor of Sacred Theology from Boston University School of Theology, and a Ph.D. in Social Ethics from Boston University. I am an ordained United Methodist Minister. (See resume attached as Exhibit A).

3. I serve on the Committee on Religious Liberties of the National Council of Churches. I am a member and a past president of the Society of Christian Ethics, the major academic society for Protestant and Catholic teachers and scholars of Christian Ethics in the United States and Canada.

4. I am the author of six books. I have co-authored with Paul McCleary a book entitled *Quality of Life in a Global Society*. I have written a pamphlet entitled *Abortion: Shall We Return to Absolutism: The Supreme Court Decision in Moral Perspective*, and an article for the *Washington Post* entitled "Abortion as a Theological Issue".

5. For religious denominations, the issue of abortion is based on each group's theological teachings. The abortion issue deeply divides denominations along religious lines. The theological differences are based in part on the value given to a fetus, the value given to a woman's life and well being as well as the importance of individual, conscientious decision-making.

6. The question of when a fetus normatively becomes a human life is essentially a religious question, and the answer differs from one religion to another. Some religions, such as Roman Catholic, believe that human life begins at the moment of conception and a fertilized ovum is a life equal in value to persons who have been born. Abortion, therefore, under these religious teachings is murder or the equivalent.

7. My own belief is that the point a fetus becomes truly human, in the normative sense, is when its brain is sufficiently developed to make consciousness possible. That appears to be sometime before birth but well after conception. There is a consensus among many Protestants that this true humanity does not exist at the earliest stages of pregnancy, even though fetal life is important for its potentialities.

8. It is also a teaching of many Protestant groups that the woman's health takes precedence over that of the fetus until the birth of the child. In fact, some Protestant teachings hold that it may be the religious duty of a woman to have an abortion depending on particular circumstances.

9. Most Protestants teachings, such as Methodist, hold that the decision to have an abortion should be conferred to the woman and her own religious conscience. The church does not wish to interpose its institutional judgment on her ultimate decision.

10. It is also Methodist teaching that a pregnant woman should be counseled on all options available to her. A statute precluding such counseling on all options, including abortion, could therefore disqualify Methodist and other religious groups unless they compromised their religious teachings.

11. It is my understanding that the "preventative" aspect of the Adolescent Family Life Act funds religiously affiliated groups, among others, to teach values to teenagers, including the importance of premarital chasity. Furthermore, these preventative sex education programs can

only include negative material about abortion or omit it entirely, thereby giving teenagers biased information about pregnancy options. As a religious expert, I find the concept of the government funding religious-affiliated groups, or secular groups which involve religions, to teach sex education courses very troublesome. The very purpose of religion is to transmit certain values, and those values associated with sex, marriage, chastity, abortion have for religions, been religious values. Although, for example premarital chasity may be encouraged for valid secular reasons, it would be extremely difficult for a religiously affiliated group not to impart its own religious values when teaching a subject that has always been central to its religious teachings.

I swear that the foregoing is true under penalty of perjury.

Dated:

REVEREND JOHN PHILIP WOGAMAN

Boston Archdiocese Guidelines on Sex Education

SUMMARY OF CONTENT

I. *STATEMENT OF PURPOSE AND PHILOSOPHY*

Purpose: to aid parishes in providing formal programs of sexuality education by

1. supporting the efforts of those who already have begun to address the issue of sexuality in their programming.

2. encouraging those who have not yet addressed the issue of sexuality in their formal programming to do so.

Philosophy: The Family Life Apostolate, the Office of Religious Education and the Catholic School Office believe that parishes should provide formal programs in sexuality education. This education should:

1. respect parental rights and responsibilities
2. be based on Catholic teaching
3. be positive and prudent

II. *CHURCH TEACHINGS MANDATING SEXUALITY EDUCATION*

Not only do the Family Life Apostolate, the Office of Religious Education and the Catholic School Office encourage parishes in the many facets of parish life to provide sexuality education, but also the National Catechetical Director, the United States Catholic Bishops, and the Second Vatican Council among others see this need and address it.

III. *PRINCIPLES AND GOALS OF SEXUALITY EDUCATION*

The FLA, ORE, CSO base their recommendations regarding sexuality education on the understanding that persons are unique, good, loved and loving, sexual, responsible, committed, faithful and procreative.

IV. *RECOMMENDATIONS*

Specific recommendations are made on the following premises:

- Parents have the primary responsibility for the religious education of their sons and daughters.
- Sexuality education should be based on Catholic teaching.
- Education in sexuality should be both positive and prudent.

Suggestions are made here for:
- planning
- curriculum
- staffing

I. *STATEMENT OF PURPOSE AND PHILOSOPHY*

At the very center of our lives rests the truth that God has first loved us. As human persons we are called to respond to God's love. In fact, our very humanness is God's gift to us and as we grow toward fully developing that humanity, we become more whole – more holy. Christian education toward human wholeness includes education in human sexuality, an integral part of who we are as human persons.

With this in mind, the FLA, the ORE and the CSO encourage parishes in the many facets of parish life to provide formal programs in sexuality educa-

tion which will help all parishioners—young and old, children and adults—grow into the understanding and appreciation of their own sexuality. These formal programs will not replace the informal education in sexuality which happens regularly in family life. They should rather supplement the primary role of parents, encouraging communication between parents and children, and among all parishioners. Moreover, since other sexuality education programs may already exist in the community—particularly in the public schools—parishes need to be aware of these programs: supporting what is good in them, working in dialogue with public school administrators, while at the same time insisting that these programs reflect basic Judeo-Christian values. Formal parish programs in sexuality education are needed to teach specifically Christian and Catholic values to the Catholic members of the community.

This education should:

A. respect parental rights and responsibilities

B. be based on Catholic teaching

C. be positive and prudent

The guidelines which follow are meant to aid parishes in planning sexuality education programs. We encourage everyone to read them in conjunction with the guidelines for discussion and planning developed by the National Committee for Human Sexuality Education, Department of Education, United States Catholic Conference: *Education in Human Sexuality for Christians.*

AFFIDAVIT AUTHENTICATING DRAFTS OF THE ADOLESCENT FAMILY LIFE ACT

I, Asta Kenney, affirm under penalty of perjury that:

1. I am Associate for Policy Development at the Alan Guttmacher Institute in Washington, D.C. It is part of my job to review drafts of proposed legislation which affects reproductive rights.

2. In the course of my job I obtained copies of the attached drafts of the Adolescent Family Life Act, 42 U.S.D. § 300z-300z-10, which was passed by Congress in 1981.

3. The documents attached hereto are true and correct copies of the drafts obtained by me from staff of the members of the Senate Committee on Labor and Human Resources.

I affirm that the foregoing is true under penalty of perjury.

Date: /s/ ASTA KENNEY
Asta Kenney

COMMITTEE PRINT
May 21, 1981

97th CONGRESS
1st Session

S. 1090

To amend the Public Health Service Act to support services and research relating to adolescent pregnancy and parenthood.

IN THE SENATE OF THE UNITED STATES

April 30 (Legislative day April 27), 1981

Mr. Denton (for himself and Mr. Hatch) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

[Strike out all after the enacting clause and insert the part printed in italic]

* * * * *

RESTRICTIONS

"Sec. 1911 (a) No funds provided under this title may be used to provide abortion counseling or referral, to make any payment for the performance of an abortion, or to conduct any research relating to abortion, except that a recipient of a grant or contract under section 1908 may conduct research relating to the consequences of abortion.

"(b) No project or program which receives any funds under this title—

"(1) may provide abortion counseling or referral;

"(2) subcontract with any person who provides such counseling or referral;

"(3) make any payment for the performance of an abortion;

"(4) subcontract with any person who makes such payments or performs abortions; or

"(5) conduct or subcontract with any person who conducts research relating to abortion, except that a recipient of a grant or contract under section 1908 may conduct research relating to the consequences of abortion.".

(b) Effective October 1, 1991, title VI of the Health Services and Centers Amendments of 1978 are repealed.

AS REPORTED OUT OF COMMITTEE

COMMITTEE PRINT

June 24, 1981

97th CONGRESS
1st Session S. 1090

To amend the Public Health Service Act to support services and research relating to adolescent pregnancy and parenthood.

IN THE SENATE OF THE UNITED STATES

April 30, (legislative day April 27), 1981

Mr. Denton (for himself and Mr. Hatch) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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"(5) conduct or subcontract with any person who conducts research relating to abortion, except that a recipient of a grant or contract under section 1908 may conduct research relating to the consequences of abortion."

* * * * *

General Information

The Mission of Brigham Young University

The mission of Brigham Young University—founded, supported, and guided by The Church of Jesus Christ of Latter-day Saints—is to assist individuals in their quest for perfection and eternal life. That assistance should provide a period of intensive learning in a stimulating setting where a commitment to excellence is expected and the full realization of human potential is pursued.

* * * * *

To succeed in this mission the university must provide an environment enlightened by living prophets and sustained by those moral virtues which characterize the life and teachings of the Son of God. In that environment these four major educational goals should prevail:

- All students at BYU should be taught the truths of the gospel of Jesus Christ. Any education is inadequate which does not emphasize that His is the only name given under heaven whereby mankind can be saved. Certainly all relationships within the BYU community should reflect devout love of God and a loving, genuine concern for the welfare of our neighbor.

* * * * *

In meeting these objectives BYU's faculty, staff, students, and administrators should also be anxious to make their service and scholarship available to The Church of Jesus Christ of Latter-day Saints in furthering its work worldwide in an era of limited enrollments. BYU can continue to expand its influence both by encouraging programs that are central to the Church's purpose and by making its resources available to the Church when called upon to do so.

* * * * *

Religious Education

Courses in Religious Education assist each student to develop a mastery of the scriptures and their essential teachings, and appreciation for the truths of the gospel of Jesus Christ. The ongoing study promotes integration of religious understanding with all other learning at the university. Special sections of RelC. 231 are provided for non-LDS students, dealing with the religious message inherent to Brigham Young University's mission in a way that is sensitive to their particular needs.

* * * * *

The BYU Code of Honor

The Church of Jesus Christ of Latter-day Saints sponsors Brigham Young University to provide a university education in an atmosphere consistent with the ideals and principles of the Church. The maintenance of high standards of personal behavior and appearance is essential to the preservation of that atmosphere and to the development of men and women who personify these ideals and principles. By enrolling or accepting employment at Brigham Young University a student signifies willingness to live in accordance with the following principles, whether on or off campus:

1. Abide by the standards of Christian living taught by The Church of Jesus Christ of Latter-day Saints.

   This includes graciousness and consideration for others and the observance of high principles of honor, integrity, and morality.

* * * * *

UNIVERSITY POLICIES AND PROCEDURES

* * * * *

Criteria for Admissions

The University Admissions Committee gives primary consideration to two characteristics of applicants to Brigham Young University, expressed in the following questions: (1) is the applicant willing to participate in and contribute to an environment where the principles of the gospel of Jesus Christ are believed and practiced? (2) Has the applicant made serious preparation for university work?

* * * * *

Tuition and General Fees (Effective Fall Semester 1984)*

Per Semester (Fall or Winter)

Latter-day Saints	Others
Undergraduates	Students
Full-time	
$ 700	$1,500

* * * * *

*Approximately 70 percent of the cost of operating the university is paid from the tithes of The Church of Jesus Christ of Latter-day Saints. Therefore, students and families of students who are tithe-paying members of the Church have already made a significant contribution to the operation of the university. Because those of other faiths will not have made this contribution, they are charged a higher tuition, a practice similar in principle to that of state universities charging higher tuition to nonresidents.

Plaintiffs' Statistical and Narrative Summaries of Defendants' Responses

INTRODUCTION

Of the 1251 facts submitted by the plaintiffs, 1215, or 97.8% of these are either admitted or must be deemed admitted because Defendant's response is inadequate as a matter of law under Rule 56(e).[1] This appendix contains detailed statistical and narrative summaries of defendant's responses to plaintiffs' material facts. The 29 facts, which in their entirety or in part are in genuine dispute, are cumulative and therefore irrelevant to plaitiffs' legal claims.[2] In the following statistical summary, the defendant's responses are characterized as the percentage admitted, which includes all facts agreed to, regardless of agreement or dispute of materiality; the percentage denied with no rebuttal; the percentage with inadequate responses, that is, with evidence not in accordance with Rule 56(e); and the percentage of facts in genuine dispute. The percentages of responses which are combinations of the above categories are enumerated. The total percentage for the number of facts undisputed or deemed admittable because of inadequate rebuttal are also included.

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[1] For the convenience of the Court, plaintiffs have placed the evaluation of defendant's response after each of the material facts, in dark type. Plaintiffs have prepared as narrative and statistical evaluation of defendant admissions, including those facts in genuine dispute in attached appendix entitled "Plaintiffs" Statistical and Narrative Evaluation of Defendant's Reponses to Plaintiffs' Material Facts."

[2] See Narrative Evaluations

Combined Percetages for Defendant's Responses to Plaintiffs' Material Facts	1251 Facts
Admitted	61.1%
Denied, no rebuttal	16.2%
Inadequate response	11.2%
Genuine dispute	1.0%
Admitted/Denied, no rebuttal	5.4%
Admitted/Inadequate response	3.7%
Admitted/Genuine dispute	0.24%
Denied, no rebuttal/Inadequate response	1.0%
Genuine dispute/Inadequate response	0.16%
Total undisputed or inadequate response	97.8%

Department of Health and Human Services	250 Facts
Admitted	55.2%
Denied, no rebuttal	18.8%
Inadequate response	9.6%
Genuine dispute	1.2%
Admitted/Denied, no rebuttal	11.2%
Admitted/Inadequate response	3.2%
Admitted/Genuine dispute	.8%
Total undisputed or inadequate response	98.0%

St. Ann's Infant and Maternity Home	119 Facts
Admitted	83.2%
Denied, no rebuttal	1.7%
Inadequate response	8.4%
Genuine dispute	0%
Admitted/Denied, no rebuttal	0.4%
Admitted/Inadequate response	3.4%
Admitted/Genuine dispute	2.5%
Total undisputed or inadequate response	97.5%

Family of the America's Foundation	183 Facts
Admitted	63.9%
Denied, no rebuttal	15.8%
Inadequate response	9.3%
Genuine dispute	1.1%
Admitted/Denied, no rebuttal	3.3%
Admitted/Inadequate response	3.8%
Admitted/Genuine dispute	1.1%
Genuine dispute/Inadequate response	0.5%
Denied, no rebuttal/Inadequate response	1.1%
Total undisputed or inadequate response	97.2%

Catholic Charities of the Diocese of Arlington	165 Facts
Admitted	88.5%
Denied, no rebuttal	4.8%
Inadequate response	0.6%
Genuine dispute	0.0%
Admitted/Denied, no rebuttal	4.8%
Admitted/Inadequate response	1.2%
Total undisputed or inadequate response	99.9%

Catholic Family Services of Amarillo, Texas	27 Facts
Admitted	25.9%
Denied, no rebuttal	7.4%
Inadequate response	25.9%
Genuine dispute	7.4%
Admitted/Denied, no rebuttal	29.6%
Admitted/Inadequate response	3.7%
Total undisputed or inadequate response	92.6%

Catholic Social Services of Wayne County	32 Facts
Admitted	65.6%
Denied, no rebuttal	0.0%
Inadequate response	15.6%
Genuine dispute	0.0%
Admitted/Inadequate response	18.8%
Total undisputed or inadequate response	100%

Search Institute	61 Facts
Admitted	50.8%
Denied, no rebuttal	3.3%
Inadequate response	19.7%
Genuine dispute	1.6%
Admitted/Denied, no rebuttal	3.3%
Admitted/Inadequate response	13.9%
Admitted/Genuine dispute	4.9%
Genuine dispute/Inadequate response	3.3%
Total undisputed or inadequate response	91.0%

St. Margaret's	219 Facts
Admitted	57.0%
Denied, no rebuttal	35.2%
Inadequate response	2.3%
Genuine dispute	0.5%
Admitted/Denied, no rebuttal	4.6%
Admitted/Genuine dispute	0.5%
Total undisputed or inadequate response	99.6%

SeMo Association of Public Health Administrator	21 Facts
Admitted	23.8%
Denied, no rebuttal	47.6%
Inadequate response	19.0%
Genuine dispute	9.5%
Total undisputed or inadequate response	90.5%

SUMA/Good Samaritan	16 Facts
Admitted	43.8%
Denied, no rebuttal	12.5%
Inadequate response	25.0%
Genuine dispute	0.0%
Admitted/Denied, no rebuttal	18.8%
Total undisputed or inadequate response	100%

Lutheran Family Services	28 Facts
Admitted	53.6%
Denied, no rebuttal	10.7%
Inadequate response	25.0%
Genuine dispute	0.0%
Admitted/Inadequate response	10.7%
Total undisputed or inadequate response	100%

Thirteen small grantees (Lyon County Health Department; Tucson Unified School Districts, No. 1; Community Health Clinics, Inc.; Northwest Louisiana Adolescent Family Life Project; Memorial General Hospital; Camden County Department of Health; Maternal and Child Health; Department of Health, Hawaii; Hill Health Corporation; Charles Henderson Child Health Center; Cities-in-Schools; School of Public Health, Department of Health Education, University of South Carolina; CEMP Counseling Services Department (Guidance Center); Norfolk State University (City of Norfolk); St. Mary's Hospital.)

	131 Facts
Admitted	40.5%
Denied, no rebuttal	16.0%
Inadequate response	33.6%
Genuine dispute	2.3%
Admitted/Denied, no rebuttal	1.5%
Admitted/Inadequate response	5.3%
Admitted/Genuine dispute	0.76%
Total undisputed or inadequate response	97.7%

AFFIDAVIT OF DR. JAMES E. DITTES

I, Dr. James Dittes, declare the following is true under penalty of perjury:

1. I am a professor of pastoral theology and psychology at Yale Divinity School, 409 Prospect Street, New Haven, Connecticut. My degrees include both a doctorate in psychology and a degree in divinity from Yale University. I have taught at the Yale Divinity School for over 30 years. I directored the Ph.D. program in religion at Yale University from 1968–1975, and was chair of the department of religious studies from 1975 to 1982. I am an ordained minister in the United Church of Christ denomination.

2. I served on the Board of Directors of Search Institute for 8 years ending in 1982. Thereafter, I was on the Advisory Board of Search until approximately 3 years ago when I became a member of the Board of Directors again.

3. Approximately 3 years ago, I gave an affidavit in support of plaintiff's motion for summary judgment because I believed that the AFLA grant award for sex education curriculum was intended by Search to further a particular religious mission; but that opinion was limited to the then present status of Search under its president at that time.

4. During the three years since my earlier affidavit, I have remained an active member of the Board of Directors of Search Institute, attending every meeting of the Board, and observing first-hand major and sweeping changes in the organization directly relevant to the subject of that affidavit, namely the religious characteristics of the organization I perceived at that time. Those changes are:

a. The president has been replaced.
b. Several senior staff member, including those I most associated with religious tendencies of the organization, are no longer employed.

c. Some 50% of the present Board consists of members new since three years ago.
d. There has been a major financial and corporate restructuring.
e. Policies separating the organization from religious purposes have been explicitly adopted by the Board of Directors.
f. The educational project on teen-age sexuality has been completed, so that the product can now be appraised objectively, rather than surmised at, as was necessary three years ago.

5. As a result of these changes, I make the following judgments about the organization, Search Institute:

a. I sense no religious idealogy or mission prevailing in the activities or publications of the organization.
b. There is no test of religious affiliation or persuasion, explicit or implicit, for membership on the Board of Directors or employment on the staff.
c. There are no religious or quasi-religious practices included in meetings of the Board of Directors.
d. The products of the organization, in particular the educational material on teen-age sexuality, do not reflect or coincide with the idealogy or preferences of any identifiable religious group and do not suggest religious sanctions or bases for its presentations.

6. This Affidavit is given to clarify my previous affidavit and to support the exclusion of Search from the purview of this Court's April 15, 1987 Order.

FURTHER AFFIANT SAITH NOT.

/s/ JAMES E. DITTES
James E. Dittes

Subscribed and sworn to before
me this 20th day of May, 1987.

/s/ ANDREA CRISCUOLI
Notary Public

My Commission Expires March 31, 1989.

World Organization Ovulation Method – Billings, U.S.A.
May 23, 1982

EXECUTIVE BOARD
Mrs. Mercedes Wilson, Director

His Eminence
James J. Card. Knox
President
Pontifical Council for the Family
Vatican City

Your Eminence:

We would like to thank your Eminence for your time and for listening to our plans for the Second International Congress for the Family of the Americas:

In order to encourage the attendance to the Congress of carefully chosen dedicated pastoral workers; we humbly request from your Eminence the following:

* * * * *

2) A letter that should encourage funding from Catholic foundations in the U.S., Canada, and Europe to this special pastoral Congress for the family that will bring together some of the most competent leaders in the spiritual, scientific and pastoral field.

Our efforts are of a lay organization, strongly committed to the implementation of the teachings of Humanae Vitae and Familiaris Consortio. We are confident that your help, cooperation and prayers will ensure its success.

Yours faithfully,

/s/ MERCEDES WILSON
Mercedes Wilson

FAMILY OF THE AMERICAS FOUNDATION, INC.
World Organization Ovulation Method – Billings, U.S.A.

August 3, 1983

Mr. Charles E. Costello
Mission Director
Agency for International Development
Guatemala City, Guatemala

Dear Mr. Costello:

Enclosed please find the proposal for a teaching and training program on the Billings Ovulation Method of Natural Family Planning, in the amount of $123,552.00.

* * * * *

The reasons given for denial of funding before were due to an internal regulation of AID's policy which required that organizations such as ours would have to provide all methods of artificial birth control or agree to refer couples to other entities that provided them. This we refuse to do for the following reasons:

1) *Because of our religious beliefs,* we cannot provide nor refer couples to programs that offer artificial methods of birth control, sterelization and abortion.

* * * * *

Thank you for your attention to this important project for Guatemala.

Yours sincerely,

/s/ MERCEDES A. DE WILSON
Mercedes Arzu de Wilson

FAMILY OF THE AMERICAS FOUNDATION, INC.
World Organization Ovulation Method – Billings, U.S.A.
The Christian Alternative
308 South Tyler Street, Covington, Louisiana 70433
(504) 892-4046

December 2, 1983

His Holiness
John Paul II
Vatican City
Europe

Most Holy Father:

As evidence to counteract more earnestly the forces of evil being promoted through liberal-leftist elements around the world, please note the enclosed articles in *The Humanist* magazine. I am sure Your Holiness is familiar with "The Humanist Manifesto" whose leaders are the writers of the enclosed articles and magazine. It is interesting to appraise that their number one target is the Catholic Church.

Please observe the type of 'anti-Catholic' propaganda that takes place in the United States. Please note that Walter Mondale's brother, Lester Mondale, is one of the principal proponents of this propaganda against the Church. Walter Mondale is the leading candidate for the Democratic Party in next year's (1984) Presidential election in the United States against President Reagan. Your Holiness will be interested to see the strong connection that exists between the Humanists and Planned Parenthood. The articles denote a vicious attack on the Catholic Church, particularly on population policies in defense of the family, which are totally opposed to theirs.

* * * * *

Yours sincerely in the Lord,

/s/ MERCEDES A. WILSON
Mercedes Arzu Wilson
Director

Outline of St. Margaret's Religious Curriculum

St. Margaret's Hospital for Women
Boston, MA 02125

GRADES: TEN – ELEVEN – TWELVE
NUMBER OF STUDENTS: _____
SCHOOL: _____
INSTRUCTORS: _____
DATES: _____
TIMES: _____

I. INTRODUCTION:
- ☐ A. Purpose of Program
- ☐ B. Need for Correct Factual Information
- ☐ C. Effect of the Media

II. PERSONHOOD:
- ☐ A. Appreciation of Our Sexuality
- ☐ B. Self Worth and Uniqueness
- ☐ C. Decision-Making and Accepting Responsiblity
- ☐ D. Seeking Christian Values
- ☐ E. Love: Conditional – Unconditional – Christian

III. HUMAN GROWTH and DEVELOPMENT:
- ☐ A. Male Anatomy
- ☐ B. Female Anatomy
- ☐ C. Conception – Birth
- ☐ D. Fertility Awareness

IV. BIRTH CONTROL:
- ☐ A. Introduction
  - ☐ Function
  - ☐ Use
- ☐ B. Risks
- ☐ C. Catholic Church's Teaching and Philosophy

V. ABORTION:
- ☐ A. Definition of Life and Abortion
- ☐ B. Moral Dilemma and Consequences

V. ABORTION – Continued:
- ☐ C. Methods of Abortion
- ☐ D. Risks and Future Consequences
- ☐ E. Reason Teenagers choose to Abort

VI. ??????????????????:
- ☐ A. Description of m??? prevalent Diseases
- ☐ B. Transmission
- ☐ C. Symptoms
- ☐ D. Treatment

VII. DECISION-MAKING as an ADOLESCENT:
- ☐ A. Gathering Good Information – Lifetime Ramifications
- ☐ B. Reasons for the Choice – Direction
- ☐ C. Decisions based on Own Personal Set of Standards
- ☐ D. Developing God-given Talents
- ☐ E. Seeking Christian Goals

VIII. ALCOHOL:
- ☐ A. Factual Information regarding Alcohol
- ☐ B. Chemical Components of Alcohol
- ☐ C. Relationships in Alcohol
- ☐ D. Alcohol and Teenagers
- ☐ E. Resources

IX. DATING:
- ☐ A. Respect of Self and Others
- ☐ B. Peer Pressure
- ☐ C. Group Dating – One-to-One Dating – Non Dating
- ☐ D. Parents and Regulations

X. SEXUAL ACTIVITY AMONG TEENAGERS:

☐ A. Peer Pressure – "Saying NO to Sexual Pressures"

☐ B. Medical Risks

- ☐ Pregnancy
- ☐ V.D.

☐ C. "Virginity is Normal"

XI. CONCLUSION:

☐ Communicating with Parents

MATERIALS: _____

_____

Excerpts from St. Margaret's Religious Curriculum

. . . undergoing the same confusing changes as you are and have the same questions and concerns as you, but might not want to admit it. What might your friends do? (Elicit: Make up an answer.) Thus, you may well be receiving incorrect information. Who are the people most likely to have the correct answers? (Brainstorm and elicit: parents, informed adults, etc.) Your parents are a good source because they are concerned about you and will try to get the best information possible for you.

C. Effect of the Media

Many persons have influence on you as you are developing your ideas and values about sexuality. You receive many messages about sexuality from television shows, movies, magazines, the radio, the newspapers, and in advertising. Sometimes these are good sources of information, but other times the messages may not be accurate or present sexuality as special and important. As you mature be aware that often shows we see on television or at the movies are not real life but make-believe and do not present sexuality as *God* intended.

II. PERSONHOOD:

Objective: To assist the student in appreciating himself as a person of worth with the ability to make decisions and assume responsibility for those decisions.

A. Appreciation of the Total Person

When we talk about the person we often look at the outside of the person, forgetting that

there is much more to him/her. I have brought a model of the person with me to help you understand. It is not a statue or a skeleton, but a "person box". (See Appendix 6-I.) Look in the mirror and see yourself as others see you—the outside, physical or exterior you. It is important to care for this physical layer of the person by eating well, getting plenty of exercise and rest, etc. When you open the box, or get to know more about the person, what do you think will be inside? That's right—your feelings!

Activity: Have students brainstorm on board various feelings.

Emotions/Feelings are a very important part of you, the person. Now that you are maturing it is important to learn how to control these feelings. (Have a scarf with various emotions written on it and pull it from the box.) As you get deeper into the person, there is another layer—your talents, goalsm dreams and memories. (Have an old snapshot for "memory" and pull it from the box.)

Everyone is different because the things that happened to them in the past are different, and their dreams and goals for the future are different. Everyone needs a dream or goal to look forward to achieving. You have all been given different talents and abilities which will help you reach these goals.

There ai still another layer of the person. Can anyone guess? That's right—the heart. (Pull a heart out of the box.) The center of your being, your heart or soul, is where God is in each one of us. You can see that now the box is empty. The physical, outside layer is still

there, but without all the other layers, it is just an empty shell. You are so special because you have all these layers within you. Jesus taught you to love yourselves and your friends because within each one of you is God's love. That is why you must be careful in judging others or in being unkind to them.

B. Self Worth and Uniqueness

Each person is very special or UNIQUE. Because of God's love for us, no two people have been created exactly the same. Even if you had a twin brother or sister who looked like you, your fingerprints, thoughts, dreams, and personalities would be different. That is a greater thought to appreciate: There never was, or ever will be, anyone just like you.

I would like you to do an activity sheet alone, and then we will compare them to notice the differences.

Fill in sheet "MY FAVORITES" or "WHAT DO I VALUE?" (Appendix 6-II) We can see from comparing these sheets that no two people are the same. The reason they are all unique or different is that each person has different parents as well as different backgrounds. Learn to appreciate that you are special because you are different.

C. Decisionmaking, and

D. Developing Responsibility

You are growing in many ways—emotionally, intellectually, spiritually, and physically. You are now becoming aware of your abilities. Perhaps some of you are good students or athletes, or a caring friend. Keep developing these talents God has given you.

You are now making choices and decisions and accepting responsibility for these decisions. For Example: If you don't do your homework, it is you, not your parents, that have to stay after school. It is not always easy to make the right decision.

As you are maturing, you also have new responsibilities. What are some things you can do now that you could not do in the first or second grade? (Teacher brainstorms with students.) What does it mean to be responsible?

We are going to see a film about a girl your age who has to make a decision and is pressured by others. See if you think she made the right decision.

Show film, "I THINK".

Discuss the effect of peer pressure on the decision-making process.

E. Effects of Peer Pressure

The film you saw showed Linda being pressured by whom? (Her friends and her mother.) Was it difficult for her to make the decision contrary to what her friends wanted? How did she feel? Did she make the right

choice? Why? (Students will say she made a commitment and accepted responsibility, and was aware of the feelings of others.)

Have you ever been in a situation when you had to have the courage to do what you thought was right, instead of what everyone else wanted? Life is full of decisions, some easy, others more difficult. Now is the time to begin to think what is important to you and not necessarily always going along with your friends—to be your own person.

F. Seeking Christian Values and Goals

You may be hearing or seeking different messages than the ones you have been receiving from your parents. Movies, music, and television programs also influence your attitudes and values. Ask yourself—What is the message being given? Is this real or make-believe? Is this movie or program helping me to become a better Christian? Talk over these thoughts with your parents and keep seeking the truth. Appreciate that the values given to you by your parents are good. You are striving to become a loving person who cares for others.

III. PUBERTY AND ADOLESCENCE:

Objectives:

1) To assist the student in appreciating that the age of puberty varies with each individual and to understand the changes that will be taking place.
2) To assist the student in understanding the anatomy and physiology of the male and female reproductive systems.

We have been talking about you, the person, and how you are maturing, and now we will begin to talk about the physical changes that will be occuring in your life. We will be separating the boys and girls because other students your age have told us they feel more comfortable talking about sexuality in separate groups. You will be hearing the same information and seeing the same materials.

We are here today to talk about what topic? "SEX". Yes, but even more important – SEXUALITY. Sexuality is everything about you. Sexuality is natural and beautiful. It is the way you look, talk, walk, think, play and pray. Sex refers to whether you are a boy or a girl. You have been a sexual person since the moment your life began, but your parents did not know whether you were a boy or a girl until the time of your birth.

Many people have influenced your sexuality. First, you received messages from your parents and family, perhaps by the way treated you or the clothes or presents given to you. For example: boys are usually given trucks are girls are given dolls, although there is no reason that this need be so. Other forces such as friends, school, peers, society, and the media also influence your idea of how you should be as a sexual person.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFF,

v.

DR. OTIS R. BOWEN, JR., SECRETARY OF THE DEPARTMENT OF HOUSING AND HUMAN SERVICES, DEFENDANT,

and

SAMMIE J. BRADLEY, ET AL., DEFENDANT-INTERVENOR

STATE OF NEW YORK)
) ss.:
COUNTY OF NEW YORK)

Reverend Bruce Ritter, President of Covenant House, being duly sworn deposes and says:

1. The needs of pregnant teens and adolescent parents are staggering; the needs of those who are also homeless are even more so. The Covenant House Adolescent Family Life Project presently meets these needs at our three components which are located in New York City; Houston, Texas; and Fort Lauderdale, Florida. Presently two hundred and two (202) pregnant and/or parenting homeless teens and their children are helped through this project. In addition, thirty eight (38) teen fathers, and other family members are provided with counseling and supportive services.

2. The Covenant House Adolescent Family Life Project, as with all Covenant House programs, accepts young

people in need regardless of race or religion. When they come to us, the young mothers and pregnant girls are alone, hungry, and fearful for themselves and their children. Many have run away from home because of parental abuse; others have been pushed from their homes because of poverty or family strife. Some have been told to leave because they are pregnant; still others have become pregnant after being exposed to the horrors of the streets: the drug pusher, the pimp, the con-artist.

3. Covenant House has a comprehensive program for Adolescent Family Life participants which focuses on rebuilding the self esteem of these troubled youth and which attacks the underlying issues leading to teen pregnancy. Services are provided not only while in residence, but for a two year follow up period after the young mother has been reunited with her family or placed in another stable living situation. These services are provided by Covenant House Adolescent Family Life Project staff, which includes health and social work professionals and numbers thirty six (36) full and part-time workers; or, through referral to other appropriate community agencies. Included are the following:

Health: pre-natal, post-natal and pediatric care; screening for venereal disease.

Health Education: human sexuality, responsible decision making regarding sexual activity, pregnancy, infant care, nutrition.

Educational/Vocational: return to school, preparation for or completion of General Equivalency Diploma (GED), job readiness, job training, job placement.

Life Skills: negotiating the social services system, budgeting, locating day care, family relationships, finding an apartment.

Religious Services: Although religious services of varying denominations are available to youth in all Covenant House programs, it is not mandatory for them to attend.

Also, the other services provided are delivered in an atmosphere free of religious overtones. It is a strong policy of Covenant House not to proselytize.

4. The Covenant House Adolescent Family Life Projects helps young parents to attain adequate levels of well being, enables them to maintain those levels and to improve the stability and self sufficiency of their lives. Without the financial support of the Office of Adolescent Pregnancy Programs, Covenant House will be unable to continue to meet the many needs of a most vulnerable population: Homeless, pregnant, parenting teens.

/s/ REVEREND BRUCE RITTER
Reverend Bruce Ritter

Sworn to before me this
23rd day of April, 1987

/s/ EDMUND J. BURNS
Edmund J. Burns
Notary Public

AFFIDAVIT OF CAROL A. BERVERA

I, Carol A. Bervera, Project Coordinator of the Adolescent Family Life Program at the Brightside for Families and Children am responsible for the day to day administrative, fiscal, programmatic and supervisory aspects of this program. This affidavit is made upon personal knowledge.

The Adolescent Family Life Program at Brightside has been severely affected by the court decision of United States District Judge, Charles R. Richey. The abrupt halt of funding, the lack of clarification of whether this decision takes effect as of April 15, 1987, the end of the current fiscal year or the end of the three year contract cycle has left our staff, clients, administration and Board in a state of uncertainty and confusion that undermine our ability to continue to provide services.

The administration and the Board of Directors of Brightside voted to allow this project to continue through the month of May. If a decision is not reached in court by May 31st, all staff of this Project will receive notification of termination of employment on June 1st. The agency, at great cost to its overall service delivery, is committed to a thirty day termination process for staff and clients.

Of the eighty-five families (and over 125 individuals) with whom we are currently working, we have begun to terminate twenty-five families who are at "least" risk. Please keep in mind that of the 500 or so families needing assistance we provide services to the 10% most high at risk. When using the word "least" it is in a relative sense. We are attempting not to close those cases where lack of medical care, abuse and battering, substance abuse and severe emotional crisis such as suicide attempts are still problems.

Because there are no case management services available in the community to whom we can refer these families, we feel compelled to begin some of our terminations in a

limited and planned manner immediately so that clients have sufficient time to adjust to this loss.

I am attaching a copy of adequacy of prenatal care utilization that was compiled for Massachusetts from 1981-1985. As you can see, Holyoke has the lowest rate of adequate prenatal care in the state; 52% compared to Newton with the highest at 92%. Holyoke is our community where we have worked so hard during this past year to attempt to impact on this problem. Cutting off funds abruptly, in the middle of the funding cycle, contributes to the oppression of a population of poor, young minority citizens.

The research component of the Adolescent Family Life Program will also be terminated when the Project is terminated. Not only is the teen Hispanic community underserved they are also understudied. If the program closes, even if it should re-open in the future the longitudinal aspect, vital to this research, would be lost.

Referral sources in the community have been informed that we can no longer accept referrals. During the first two weeks of May we had to refuse fifteen such requests. In addition, by the end of May we will begin to terminate the work we are doing at the Adolescent Clinic Prenatal Center where our nurse and social workers meet with teens and discuss decision-making, self-esteem, labor and delivery preparation, infant care and nutrition on a weekly basis. We will also terminate our program at the Holyoke High School Teen Clinic and the classes we are teaching at the Pregnant and Parenting Class at the high school.

We have begun to terminate our membership in the Service System that provides advocacy for pregnant and parenting teens in the areas of education, mental health and health care.

Finally, the staff, demoralized by the impact of all of this, have of necessity begun to look for other employ-

ment. Hiring a bilingual and bilingual/bicultural staff has been the work of almost a year.

/s/ CAROL A. BERVERA
Carol A. Bervera, M.S.W.

Signed and sworn to before me this 18th day of May, 1987.

Commonwealth of
Massachusetts
County of Hampden

/s/ PATRICIA A. REILLY
Patricia A. Reilly,
Notary Public
My Commission Expires
June 6, 1991

ADEQUACY OF PRENATAL CARE UTILIZATION FOR MASSACHUSETTS RESIDENTS 1981 THROUGH 1985 FOR THE 25 CITIES WITH THE LARGEST NUMBER OF BIRTHS RANKED BY 1985 ADEQUACY OF PRENATAL CARE UTILIZATION

PERCENT ADEQUATE PRENATAL CARE UTILIZATION

CITIES/TOWNS	1981	1982	1983	1984	1985
Holyoke	61.4	60.8	43.4	51.4	52.2
Lowell	55.2	64.3	64.6	68.7	63.2
Lawrence	71.4	67.5	70.3	70.9	63.5
Fall River	62.4	63.8	66.3	66.2	66.3
Fitchburg	71.3	63.1	69.6	69.9	67.2
Springfield	78.0	72.6	61.5	68.8	67.9
Taunton	78.8	76.0	73.6	70.1	69.3
New Bedford	81.5	73.1	64.7	65.2	69.6
Boston	72.3	74.8	77.3	78.8	71.8
Lynn	78.7	72.5	68.1	71.8	73.2
Pittsfield	83.6	81.8	80.5	79.1	74.1
Plymouth	82.1	83.5	78.8	78.1	75.7
Chicopee	81.5	78.4	66.1	75.4	76.4
Sommerville	80.5	81.4	80.5	78.9	76.9
Worcester	80.5	79.3	78.9	80.1	80.0
Haverhill	80.4	75.5	81.5	79.3	80.0
Malden	81.5	80.3	84.1	79.2	80.0
Medford	85.9	85.3	86.1	83.3	80.0
Cambridge	79.0	81.2	78.2	83.0	81.9
Waltham	84.6	86.6	86.5	86.1	86.2
Weymouth	87.8	86.8	92.0	89.4	87.4
Quincy	84.9	86.5	88.4	88.5	89.1
Framingham	86.6	92.7	88.5	91.0	91.8
Newton	89.5	88.3	88.1	92.3	92.2
Massachusetts	83.0	82.3	79.8	79.7	78.6

Data Source: Division of Health Statistics and Research
Massachusetts Department of Public Health

Data Analysis: Division of Family Health Services
Massachusetts Department of Public Health

DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
OFFICE OF ADOLESCENT PREGNANCY PROGRAMS

NOTICE OF GRANT AWARD

AUTHORIZATION (Legislation/Regulation)
Legislation – P.L. 97-35 – Title XX of the Public Health Service Act

1. Date Issued: 09/30/82
2. Federal Catalog No.: 13.995
3. Supersedes Award Notice dated _____ except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.
4. Grant No.: APH 000705-01-0
5. Administrative Codes: APH 59
6. Project Period: From 10/01/82 through 09/30/85
7. Budget Period: From 10/01/82 through 09/30/83
8. Title of Project (or Program): Bootheel Adolescent Family Life Project
9. Grantee (Name, Organization Unit, Street, City, State and Zip Code): SeMo Association of Public Health Administrators, Inc.; 515 First Street, P.O. Box 805, Kennett, Missouri 63857
10. Director of Project (Program or Center Director, Coordinator or Principal Investigator): Name: Campbell, Larry; Address: Same
11. Approved Budget (Excludes PHS Direct Assistance)
    I ☐ Grand Funds Only
    II ■ Total project costs including grant funds and all other financial participation

a. Personal Service	$ 79,566
b. Fringe Benefits	18,968
c. Consultants	0
d. Travel	3,850

11. Approved Budget – Continued:

e. Equipment	1,000
f. Supplies	1,000
g. Contractual	21,500
h. Patient Care	0
i. Construction (A & R)	0
j. Trainee Costs	0
k. Other	10,000
l. TOTAL DIRECT COSTS	$135,884
m. Indirect Costs (Rate 16.9% of S&W)	$ 13,446
n. TOTAL APPROVED BUDGET	$149,330
o. Federal Share:	$100,000
p. Non-Federal Share*	$ 49,330

* Must meet all matching or cost participation requirements. Subject to adjustment in accordance with PHS policy.

12. Award Computation for Grant:

a. Amount of PHS Financial Assistance (from 11.o)	$100,000
b. Less Unobligated Balance From Prior Budget Periods	0
c. Less Cumulative Prior Award(s) This Budget Period	0
d. AMOUNT OF THIS ACTION	$100,000

13. Recommended Future Support (Subject to the Availability of funds and satisfactory progress on the project).

	Budget Year	Total Direct Costs
a.	02	$100,000
b.	03	95,000

14. Approved Direct Assistance Budget (in Lieu of Cash)
    a. Personal Services ..... $
    b. Travel .....
    c. Vaccine .....
    d. Other .....
    e. TOTAL DIRECT ASSISTANCE . $ 0

15. Program Income Subject to 45 CFR 74.45 Shall Be:
    a. ☐ Used to further the objectives of the legislation under which the grant was made.
    b. ☐ Deducted from total project costs for the purpose of determining the net costs on which the Federal share of costs shall be based.
    c. ■ Other – See Special Conditions.
    d. ☐ NA

16. This Grant is subject to the terms and conditions incorporated either directly or by reference in the following:
    a. The grant program legislation cited above.
    b. The grant program regulation cited above.
    c. This award notice including terms and conditions, if any, noted below under Remarks.
    d. PHS Grants Administration Manual Chapters in effect as of the beginning date of the budget period.
    e. PHS Grants Policy Statement in effect as of the beginning date of the budget period.
    f. 45 CFR Part 74.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

Remarks (*Other Terms & Conditions Attached* – ■ Yes ☐ No)

AGENCY OFFICIAL *(Signature, Name and Title)*

/s/ DONALD A. UNDERWOOD
Donald A. Underwood,
Grants Management Officer, OAPP

17. PHS List No.: AP 82-09 – Obj. Class: 41.45
18. CRS – EIN: 1237314085A1
19. Organization Descriptors:
20. a. FY-CAN: 2-A730130
    b. Document No.: APH 000705A
    c. Secondary Adm. Code:
    d. Amt. Action Fin. Asst.: $100,000
    e. Amt. Action Dir. Asst.: $0

PHS-5152-1 (REV 12-76)
(NOTE: See reverse for payment information)

PARENT SEXUALITY EDUCATION WORKSHOP
A Revised Curriculum
December 1983

This curriculum is for a 6 hour intensive learning and motivational experience for parents. It is designed to assist parents in developing open and honest relationships with their children. Emphasis is placed on factual sexuality education, responsibility and self-esteem building.

Premise: The child who has an open and honest relationship with parent or parents, factual sexuality knowledge and high self-esteem is less likely to be involved in a teen pregnancy, tends to delay sexual activity and tends to adopt parental sexual values.

Goals:
1. To convince parents to become the primary sexuality educators of their children.
2. To promote the 4 point strategy for children's sexuality education.
3. To provide educational resources.
4. To provide examples of the effective strategies for teaching responsibility and self-esteem.
5. To negotiate family contracts or educational plans that are measurable and realistic with built-in 6 month evaluations.

ORGANIZATIONAL FACTORS AFFECTING WORKSHOP SUCCESS:

1. Time factors. The workshop curriculum is divided into three distinct sessions. These sessions are best presented on separate nights, one week apart, which will allow time for the participants to reflect on the material presented and to complete homework assignments in preparation for the succeeding sessions. Workshop leaders should start and end the workshop sessions in a timely fashion, allowing individuals who have questions to remain behind for explanations.

2. Setting. The setting for the workshop sessions should provide privacy and freedom from noise. The setting should be informal, preferably with a circle arrangement. The leaders should not stand, but should sit with the participants to dramatize the point that workshop leaders are parents as are the participants, and that everyone present is involved in an exercise in improving our mutual effectiveness in helping our children feel better about their sexuality and to take the responsibility for their sexual functioning.

3. Group size. Workshops are designed for no less than 10 participants and no more than 20 participants. It is to be an intimate, informal experience in learning and sharing.

4. Group composition. Participation in the workshop is not limited. The leaders do encourage that both parents participate when possible. Participation by males is strongly recommended, since the double standard is such a strong factor in sexual functioning of youth in this society. Participation by both parents serves to enhance sexuality education in the home. Our program recognizes this and hopes to increase total parent participation by offering a reduced rate for couples.

5. Participation of adolescents. It is not recommended that adolescents participate in Sessions I and II. The purpose of the workshop is to motivate parents. The participation of adoles-

cents would tend to defeat our goal of encouraging parents to become the primary sex educators of their children. If parents wish to involve their children in the third and final session of the workshop, that is acceptable.

6. Target population. Since the goal of the workshop is to prevent inappropriate teen pregnancy, it is obvious that the primary target population is parents of very young children, since open and honest relationships on such taboo subjects as sexuality is most easily developed when the child is very young. The workshop is also quite relevant to parents of adolescents and sexually active teenagers, because it offers the opportunity to share experiences and to discuss techniques and strategies for teaching young people responsibility and facts about sexuality. Adults of all ages can benefit from participation in the workshop since adults of a variety of ages can have significant impact on the sexuality education of youngsters with whom they come in contact.

7. Materials and equipment required. Audio-visual equipment should include, at a minimum, an overhead projector, a 16 mm sound projector and a blackboard and chalk. The workshop handbook, pencils and educational resources are also a necessity. The workshop leader is encouraged to have all these materials organized and prepared well in advance of the opening of the first session.

8. Registration. It is important that registration activities be completed prior to the opening of the first session. All participants should be registered in advance and receive their workshop packets.

9. Cost. cost of the workshop is $10.00 per participant and $15.00 for couples. The reason for this charge is two-fold. a) .Individuals who make a financial commitment in advance are more likely to complete the workshop. b) By making a token payment, which only pays a share of the cost for the workshop, the individual is acknowledging that there is value in participating. This is a very important psychological aspect of the workshop and should not be overlooked in generating effective compliance with workshop goals and guidelines.

SEXUALITY EDUCATION: THE PARENT'S RESPONSIBILITY
SESSION I – WHY TEACH SEX EDUCATION?

I. Introduction

A. Statement of Purpose: As Session I of the workshop opens, one of the leaders will introduce him/herself and immediately give to the participants the following statement of purpose:

"We are here tonight to help each other to become better sexuality educators for our children. Our children learn about sex from a variety of sources; friends, literature, school and from some places we'd rather they didn't receive sexual information. Unfortunately, we as parents have not aggressively worked to become the primary sex educators of our children. We have set a pattern of allowing our children to learn about sex from other people and at the same time learn other people's values and ethics as they relate to sexual function. We firmly believe that families who talk openly and honestly with their children about sexuality and teach them responsibility and values have a better opportunity for helping their children to make good decisions – responsible decisions about sexuality. Preliminary research shows that in such families, children tend to adopt their parents' sexual values. They tend not to be involved in teen pregnancy and, perhaps most importantly, they tend to delay their first sexual activity. These are goals that all of us want for our children. In this workshop, we will be learning about techniques and strategies that can help us to achieve these goals with our children. After all, if our children can talk to us openly and honestly about questions that relate to sexuality, then there is no subject that we

cannot learn to talk about with them. Our capacity to help them solve their problems in growing up is increased in this way. No subject is taboo in this workshop. Anything you want to ask we'll be happy to talk about, openly and honestly. We don't have all the answers . . . we're not experts . . . but we do have access to resources, and together we will find the answers. Let's begin by completing an exercise that will help us know more about what you would like to get from this workshop."

B. Pre & Post Test: At this time the attached pre & post test is distributed to all participants. They are instructed to complete the form by indicating their identification number which is included with their workshop packet. They are to indicate where the workshop is located, the date and their sex and age. The first form on the pre & post is a collection of sociodemographic data such as: the occupation of parents, the yearly household income, the educational level attained, the number and ages of children and the participant's race. The material collected on this form is utilized by the project researchers to develop baseline data about participants in the workshop so this data may be compared with the outcome of the other evaluation tools over the term of the project. The second page of the pre & post test is made up of a subjective evaluation of the participant's comfort level with the thirteen topical areas to be covered during the workshop on human sexuality. This form will be completed again at the end of the workshop in order to indicate the participant's view of how the workshop has helped him to feel more comfortable with the subject matter.

The third page of the pre & post test is the 10 True & False questions designed to measure objectively the participant's knowledge base on human sexuality prior to the workshop and at the completion of the workshop. The participants should be advised that this material will not be reviewed by the workshop leaders but is being used for national research in the effort to reduce teen pregnancy.

II. Icebreaker

It is recommended that the following icebreaker be used at the beginning of the first session. It has proven effective in setting the mood for an appropriate learning experience.

One of the leaders should tell the participants the following:

"Before we get started, maybe it's important that we learn a little about each other. Let's begin by sharing our name and three nice things about ourselves. I'll begin."

The last person to participate in this icebreaker should be the other workshop leader, with the purpose being to create, by his or her statement of three nice things, vulnerability to make the point that in this workshop it is O.K. to share personal experiences and be vulnerable with parents on the subject of sexuality. This exercise can be utilized by the leaders to identify persons in the workshop who are most likely to actively participate and those who have low self-esteem and need to be drawn into the discussions with small successes.

III. Why Teach Sex Education?

A. Teen Sexuality Test (10 minutes to take test, 45 minutes total with discussion.)

The Teen Sexuality Test has been developed as an educational tool to assist parents in understanding the severity of the problem of teen pregnancy in America and Southeast Missouri. The purpose of giving this test is to convince the parents that teen pregnancy is a local problem that is not limited to low income people or people of different ethnic background. At the end of the test discussion, all the participants should be motivated to learn more about how to prevent inappropriate teen pregnancy. The copy of the test is provided as an attachment. After the test is completed, the leaders take turns in leading a discussion on the answers to each of the questions.

B. Everyone is a Sex Educator

This exercise, which is attached, is designed to convince participants that regardless of our attitudes toward sexuality education, we are all acting as sex educators in our lives. It is not a question of whether we will teach sex education to our children, but whether we will do it effectively and with some conscious effort in order to make sure the educational experience is a positive one, based on facts and with good self-esteem. During the exercise, the participants are broken up into small groups who discuss the various examples. They choose a leader to report to the larger groups just what they feel the impact of this particular example might have been on the child involved. Invariably, participants will bring up similar examples

from their own experience. This is to be encouraged, since it initiates the process of group resolution of problems associated with sexuality education in the home.

BREAK– – – – – – – –

At this time a 10 minute break is declared. Leaders encourage participants to use this break to examine some of the resource materials and booklets which are on display at the workshop.

IV. Why Parents Avoid Sexuality Education

A. Sexuality Communication Questionnaire

This short questionnaire is given to the participants with instructions that they complete it in the privacy of their own home with their spouse prior to the second session of the workshop. The purpose of this form is to help parents recall their own experience as adolescents in finding out about sexuality. We want them to be able to have a better understanding of what children go through in a sexual society that is not open to honest discussion about sexual questions. By understanding their own negative experience on sexuality education they will be better able to relate to the material in Session II which provides detailed information about sexual functioning and information.

B. Barriers to Communication

Barriers to communicate are most often categorized as inexperience, embarrassment, and misconceptions associated with the transfer of sexuality information. The leaders will direct the group's discussion toward an examination of each of these excuses for not giving sexuality

information. The leaders will point out that all of us were inexperienced with regard to sexuality education because few of us had parents who provided a role model for distribution of sexual information. Embarrassment is addressed through a discussion of the fact that it is not necessary for the parent to be comfortable with the subject. In fact, it may improve the quality of conversation with the youngster for the child to know talking about this subject is difficult for the parent, but because the parent feels love and concern for the child, it is a subject they must discuss openly and honestly. Misconceptions with regard to sexuality education include such factors as the parent's belief that they must be an expert or the fear they can tell a child too much and cause the child to begin experimenting with sexual activity. Other parents feel that you should wait until the child asks. This section of the workshop is designed to allow the participants to reach the conclusion that there are no excuses that are valid when it comes to sexuality education. Children learn about sexuality in our society, but most often they learn misinformation or incomplete information and too often they receive that information from people who don't share their parent's moral or ethical values about sexual functioning. The leaders should emphasize regardless of how difficult it is, it's the parent's responsibility to be the role model for children's sexual education.

V. 4 Point Strategy to Effective Communication

The Parent Sexuality Education Workshop is based upon this 4 Point Strategy. The 4 Point Strategy of teaching children facts, values, expectations and responsibilities and self-esteem. This portion of the

workshop should be a discussion with the participants following this basic presentation on the 4 Point Strategy. We believe that parents who talk to their children openly and honestly about sexuality, tell them the truth and who tell them what they believe and what they stand for are more likely to have children who adopt their parent's values, who delay their sexual activities and who tend not to be involved in teenage pregnancy.

We've broken this strategy down into four simple components. We'll discuss each of them briefly.

1. FACTS: We believe that children deserve to have the facts in answer to their questions about sexuality. In this society we tend to go out of our way to keep from giving children information about sexuality, in spite of the fact that peer pressure, literature, media and other people in our communities are actively involved in transferring a variety of sexual information to children every day. Much of that information is incorrect, much of it is only partially correct. If children are to make good decisions as adults about things such as refrigerators or cars, they need to have the best available information and advice about how to comparison shop, how to look into consideration of options and performance. In other words, we want our children to make economic decisions that are wise and just and responsible. But in the sexual arena, we go out of our way not to give children information and yet, the decisions they make about their sexual functioning are more important than the economic decisions and they, too, need to be based on honesty, wisdom, justice and responsibility. If our children are to make such decisions, they need to have the facts; even when the facts are not pleasing to us as parents.

Throughout the workshop we will insist that children deserve to have facts in answer to their questions. This practice will keep them coming to their parents as a source of knowledge in all areas of their lives.

2. VALUES: Many decisions about human sexual functioning require more than facts if we're to make the right decision because sexuality often involves ethics, morality and integrity. These are values and children have to learn values. If we want our children to make good decisions, then we need to give them facts, but we also need to let them know about a set of values that we believe in and that we know will help our children make good decisions that are rewarding and responsible. The schools and other institutions in the community can effectively transfer knowledge, but it's very difficult for them to transfer values. Parents, on the other hand, have the primary responsibility for teaching values to children. This second component of the 4-Point Strategy is to make sure that children get not only the facts, but how parents believe the facts should be applied and what they stand for, believe in and value regarding sexuality.

3. EXPECTATIONS AND RESPONSIBILITIES: Children should learn early that in the sexual arena, just as in any other facet of their lives, they have to be responsible. They should know that anything they do will have consequences and that they are responsible for the actions. In America, 85% of the boys who get girls pregnant, eventually abandon the girl. That is a reflection of a lack of responsibility. It means that young men are not willing and are

not trying to make decisions in advance about the consequences of their actions and then make responsible decisions relative to those actions. If we expect our young people to exhibit this kind of responsibility, we must tell them, in no uncertain terms, what we expect of them and what their responsibilities are. From a very early age, we must insist they pay the consequences for their actions and accept responsibility for what they do.

4. SELF-ESTEEM: There seem to be two common characteristics of children who get pregnant early. They are limited sexual knowledge and low self-esteem. Logically, if we can help children to feel better about themselves and their bodies and help them set realistic life goals, they will be less likely to jeopardize their own goals and their own respect for themselves and their bodies by being involved inappropriately in teen pregnancy. The second fact of self-esteem development deals with the fact that in our society, sex is considered dirty or bad. Quite to the contrary, sex is a beautiful and important part of the human experience. It is only the way we look at sexuality that makes it dirty. As parents, we must help our children to have a positive attitude toward themselves and their bodies. They must have a positive attitude toward individuals of the opposite sex. Young people who learn about sex in an environment that is positive are more likely to pride themselves on that aspect of their experience and be responsible in how they use their sexuality.

At this time the leaders will tell the participants:
"This, then, is our 4-Point Strategy. Throughout this workshop, we will be discussing techniques and strategies for teaching children about sexuality by using this plan. Whatever the question their child might ask, we feel that it can be most effectively answered by making sure that, first of all, we answer it honestly and completely. We must be sure to let the child know how we feel about it. We must let the child know what our expectations are and what his responsibilities are. Finally, we must give all this information in a way that makes the child feel good about himself. Now that you know our 4 Point Strategy, do you have some ideas about how we can begin to talk about using this strategy to answer some of the questions that your children have asked that you found difficult to answer?"

The participants should be advised that later in the workshop, we will be asking them to give examples of how difficult questions about sexuality could be dealt with according to this 4-point strategy. At this point, the leaders will hand out a list of questions by 5th and 6th graders from the local community regarding sexuality. The participants are requested to take this list of questions home and examine in their own minds how they would have answered those questions using the 4-point strategy, had it been their own child asking the question.

VI. Outline of next two sessions

The leaders will hand out the curriculum outline for the next sessions which includes the 13 sexual topics about which every child should know. Most of the questions parents have about teaching children sexuality are covered within this 13 topic area. By handing this form out at the end of the first sessions, it helps the participants know that their own concerns are going to be dealt with in some detail in the second session. They are encouraged to develop in their own minds a list of questions they would most like to have answered for presentation at the second session.

SEXUALITY EDUCATION: THE PARENT'S RESPONSIBILITY
SESSION II – COMMUNICATING SEXUALITY

I. Introduction

A. Statement of Purpose: As Session II of the workshop opens, one of the leaders will give the following statement of purpose:

"The purpose of tonight's discussion is to provide basic facts that children need to know about sexuality, to explore myths, and to stress the proper terminology that should be used with children about sexuality and to provide a variety of educational resources that can be used by the parent in the home. During tonight's session we will be discussing sexuality in a variety of areas and we will be using the proper names for sexual body parts and functioning. You are encouraged to ask any questions about any of these topics which you feel are appropriate. Those we cannot answer we will assist you in finding the answers to.

II. Warm-up exercises

The warm-up exercises here are designed to set the mood for an intimate discussion of sexual functioning in a wholesome and appropriate atmosphere to make the point, by example, that the family can discuss sexuality as a family unit with dignity and in a wholesome nature without embarrassment, just as they would discuss any other subject.

A. When should Sex Education begin?

1. Role play of toddler questions: At this time the leaders will lead a discussion by demonstrating typical questions asked by very young children about sexuality and humorous ways we parents often answer, or fail to

answer, these questions. The purpose of this role playing discussion is to help parents feel comfortable with the idea of talking about sex in general.

B. How to handle 4-letter words

During this brief discussion the leaders will demonstrate effective ways to deal with young children and their use of 4 letter words. The technique to be utilized is to simply repeat the word and ask the child if they know what it means. Then tell the child what the word means and they, as parents, do not approve of that word. Parents should then give them other words they may use as substitutes. In this example the leaders are careful not to present the information in an accusatory way but rather to use the 4 point strategy in conveying methods by which to handle these situation.

III. Talking to Teens About Sex

This exercise is designed to provide parents with some guidelines that will help them in beginning a conversation with children about sexuality. It helps them to better understand the indications that a child, especially teenagers, needs information, about sexual subjects. The handout is for use and review at home following the second session.

IV. What every child should know about sex

The 13 topics included in this session are topics that every child should know about. When our nurses talk to young people in the schools they find that children of very young ages ask very explicit questions about the subject matter on this list. Invariably, they find it difficult to get information on

the subjects from adults and, in particular, from parents. The purpose of our discussion of these topics is to go over the kinds of information the children should receive and talk about some techniques for transferring that information.

The outline for each of the subjects is provided in the workshop packet but should be used by the participants as a reference guide since the workshop leaders will be covering the information in the packets as well as additional information under each of these topics. The leaders should encourage active participation in the discussion by participants. Invariably, this second night of the workshop involves a good deal of sharing of personal experiences by parents of adolescents on many of these subject areas. The leaders should be aware that participants may vary in their beliefs about sharing information about these topics, since many of the topics are controversial. Workshop leaders are not to share their values on any of these topics but to encourage parents to understand that their values are what are most important and are the values that should be shared with their children. If we find individuals who do not accept the facts outlined in the curriculum, we tell them simply that children have to live in a real world. If we give them only the facts that we like, our children will find out soon enough that their parents did not deal with them honestly on these subjects. We feel that it is much better to share the facts, even if you don't agree. Then you can tell the child that you do not agree with the facts or that your values do not support those facts.

Participants should be encouraged to give examples of how they would discuss these topics using the 4 Point Strategy.

SEXUALITY EDUCATION: THE PARENT'S RESPONSIBILITY
SESSION III – BUILDING SELF-ESTEEM

I. Introduction

A. Statement of Purpose: As Session III of the workshop begins one of the workshop leaders will make the following statement of purpose:

"The purpose of tonight's discussion is to provide sexuality education in ways that build self-esteem."

II. Film and Discussion

A. Film: 'A Family Talks About Sex'
Produced by Wexler Films
Distributed by Perennial Education, Inc.
477 Roger Williams
P.O. Box 855 Ravinia
Highland Park, IL 60035

'A Family Talks About Sex' offers a variety of responses to sexuality education. It gives examples of how families like you and I might respond to the young person's questions about sexual issues. But more importantly it helps us see parents transferring sexuality information in a way that helps children feel good about themselves and their bodies, in a way that teaches them responsibility. If you watch carefully, you will see the parents depicted in this film transferring information to their children in accordance with the 4-point strategy. In almost every instance they talk about the facts, their values, what their responsibility to the child is and this is all done in a way that helps the child feel good about him/herself. Adequate time for discussion of the techniques depicted in the film and the self-esteem development should be allowed following the film.

III. Participant questions: Applying the 4-point strategy

At this time, immediately after the discussion of the film, it is appropriate to ask the participants to contribute questions anonymously that they would most like to have answered about sexuality. The workshop leaders will then lead a discussion of how these questions might best be answered, using the 4-point strategy. Gradually, the participants will be pulled into this example of using the strategy.

IV. Post Test

During this period, the participants will once again take the 10 question True & False test and, once again, they will complete the subjective evaluation of their comfort level with regard to the 13 topical areas of Session II. These will be completed and submitted for review by the project research team.

V. Defining goals and action steps

At this point, the workshop leader should explain just exactly what is expected of the participants.

In the workshop we attempt to motivate people to become the primary sexuality educators of their children. We ask them to give consideration to the use of a 4-point strategy which combines facts with values, responsibility and self-esteem. All of these things, of course, are aimed at improving children's sexual knowledge and improving their self-esteem as tools to assist them in delaying sexual activity and preventing inappropriate teen pregnancy. If we are to be successful, we must ask the participants to aggressively adopt a plan of action or make a contract with themselves to outline, in measurable terms, exactly how they are going to use the knowledge gained in the workshop to improve communication and education with their own children. At this point the

forms are handed out and the participants are asked to complete what they plan to do about sexuality education in their own family, state when they will begin and to outline their specific goals for sexual communication within the family over the next 6 months. This is a two part form. One part is kept by the participant, and the other copy is returned to the workshop leader. Participants are advised that the leaders will contact them after 6 months to find out how well they did in achieving their goals. The leaders also offer additional resources or assistance throughout the 6 month period at the request of the participant. If the appropriate environment and relationships have been established, participants should, routinely, avail themselves of these resource materials during this 6 months trial period.

VI. Workshop evaluation

At this conclusion of Session III the workshop evaluation forms are given to the participants for completion.

This concludes the Parent Sexuality Education Workshop.

YOUTH RESEARCH QUESTIONNAIRE

Date __/__/__ Sex: M F Birthdate __/____/__
mo./day/yr.

PLEASE DO NOT PUT YOUR NAME ON THIS FORM!

Please circle T (True) or F (False) according to the way you feel about each statement below.

T	F	1.	Often, people who have venereal diseases are unware they have it.
T	F	2.	A women has a safe time when she cannot get pregnant for about two weeks following her period.
T	F	3.	Research shows that pornography increases sex crimes.
T	F	4.	Sexual contact between adolescents of the same sex is a fairly normal occurrence.
T	F	5.	Masturbation does not impair mental or physical health.
T	F	6.	Most child molesters are neighbors, relatives, or friends.
T	F	7.	Menstruation can occur as early as eight years of age.
T	F	8.	Wet dreams are common in both boys and girls.
T	F	9.	Withdrawal is an effective form of birth control.
T	F	10.	Sperm enters the uterus through the fallopian tubes.

What question about sexuality would you most like to have answered?

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of the Assistant
Secretary for Health
Washington, D.C. 20201
APH 000711-02-0

September 12, 1984

Sister Kathleen Natwin
Administrator
St. Margaret's Hospital for Women
90 Cushing Avenue
Boston, Massachusetts 02425

Dear Sister Natwin:

We have received your August 2, 1984 letter in formal response to our letter to you of April 16, 1984. In your letter, you state that St. Margaret's Hopsital "is currently able to provide expanded program services in public school settings such that Federal grant funds will be utilized solely in the public school settings."

We understand your letter to mean that the Title XX grant awarded by this office to St. Margaret's Hospital is no longer connected in any way with the presentation of your Family Life Education program in Boston area parochial schools, including the use of matching funds. We further understand your letter to mean that, where Title XX grant funds are being used by St. Margaret's in its Family Life Education Program, either in public schools or private, nonsectarian schools, the curriculum being presented has been formally submitted to this office for its prior review and is devoid of any religious references or teachings.

If our interpretation of your letter is incorrect in any way, please advise us.

Thank you for you cooperation in this matter.

Sincerely,

/s/ MARJORY MECKLENBURG

Marjory E. Mecklenburg
Deputy Assistant Secretary for
Population Affairs

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of the Assistant
Secretary for Health
Washington, D.C. 20201

October 12, 1984

Sister Betty Ann McNeil
St. Ann's Infant & Maternity Home
4901 Eastern Avenue
Hyattsville, Maryland 20782

Re: APH 000105-30-0

Dear Sister Betty Ann:

I am pleased to approve your request for continued support from the Office of Adolescent Pregnancy Programs (OAPP) for the period from October 1, 1984 through September 30, 1985. The enclosed Notice of Grant Award (NGA) provides formal notification of the OAPP support and includes the terms and special conditions of the grant.

We ask that you review carefully all terms and conditions of the grant award and notify us promptly should you require clarification. There are several new standard conditions which should be particularly noted. In accordance with item 16 on your Notice of Grant Award, you will indicate your acceptance of the grant terms and special conditions by obtaining funds from the grant payment system. Please also carefully review your approved budget and notice especially that the travel allowance only include travel to official OAPP meetings and that which is necessary to provide the services proposed by the project.

Your attention is called to grant conditions #s 10 thru 13. We understand there may be a problem with regard to the service covered by condition #11. Please review this area and provide us with a plan by November 15 which would address any problems. If you need assistance, please call me at 202/245-6335.

In addition, it is our understanding that the Center for Life has made available two books to participants in the AFL project which would not be consistent with grant condition #10. These books, *Sex, Love, and Believing Girl* and *The Good News About Sex* have been reviewed by our attorneys and they have determined that they are not appropriate for inclusion in a Federally funded program. Accordingly, you should take appropriate steps to insure that these books will not be used in any way as part of the Title XX program at St. Ann's.

Please feel free to contact this Office at any time if you need assistance. We look forward to a productive year and wish you success in implementing your project.

Sincerely,

/s/ DONALD UNDERWOOD
for
Majory E. Mecklenburg
Deputy Assistant Secretary for
Population Affairs

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of the Assistant
Secretary for Health
Washington, D.C. 20201

October 12, 1984

Ms. Susan Lax
SUMA (Services for Unmarried Parents and
Specialized Adoptions)
1216 E. McMillan
Cincinnati, Ohio 45206

Re: APH 000106-03-0

Dear Ms. Lax:

I am pleased to approve your request for continued support from the Office of Adolescent Pregnancy Programs (OAPP) for the period from October 1, 1984 through September 30, 1985. The enclosed Notice of Grant Award (NGA) provides formal notification of the OAPP support and includes the terms and special conditions of the grant.

We ask that you review carefully all terms and conditions of the grant award and notify us promptly should you require clarification. There are several new standard conditions which should be particularly noted. In accordance with item 16 on your Notice of Grant Award, you will indicate your acceptance of the grant terms and special conditions by obtaining funds from the grant payment system. Please also carefully review your approved budget and notice especially that the travel allowance only include travel to official OAPP meetings and that which is necessary to provide the services proposed by the project.

Since this is the last year of your demonstration project, we are looking forward to receiving the final evaluation report. It is important that the reports contain the data for the full year from October 1, 1984 to September 30, 1985 and that the analysis of the data which affects factors in the evaluation take into consideration data from all years of the grant. In your contract this year for the independent evaluation, please be sure you allow the contractor time beyond September 30 to analyze the data and prepare the evaluation report. The final reports are due within 90 days after the end of the project period and should be submitted to the OAPP Grants Management Office.

Your attention is directed to condition #10: "the grantee will not teach or promote religion in the AFL Title XX program. The program shall be designed so as to be, to the extent possible, accessible to the public generally." In one of the documents you provided us, there was a reference to spiritual counseling services provided by the Inter-Parish Ministry. If this is part of your project, it is *not legally permissible* in a federally funded project and you should revise the project accordingly.

Please feel free to contact this Office at any time if you need assistance. We look forward to a productive year and wish you success in implementing your project.

Sincerely,

/s/ DONALD UNDERWOOD
for
Majory E. Mecklenburg
Deputy Assistant Secretary for
Population Affairs

Enclosure

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFFS

v.

MARGARET HECKLER, SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET AL., DEFENDANT

DECLARATION OF THOMAS F. DUNCAN, M.D.

Thomas F. Duncan M.D., declares and states as follows:

1. I am the Medical Director, a position I have held since January, 1984, at St. Margaret's Hospital for Women in Dorchester, Massachusetts ("the Hospital"). I have been a member of the Medical Staff since 1950. I have personal knowledge of the matters set forth herein.
2. This Declaration responds to certain of the statements contained in the Affirmation of Louis Laz, M.D. (date not legible) ("Laz Affirmation" or "Laz Aff."), documents which, I understand, have been submitted by the Plaintiffs in this case.
3. The Hospital is licensed as, and operates as, a general hospital, although its primary service is in the specialized area of obstetrics and gynecology. The Hospital has a substantial Pediatrics Department (Neonatology). Its Neonatology Unit is the second largest such Unit in the Commonwealth of Massachusetts and it accounts for approximately thirty (30) percent of all of the patient days at the Hospital. Statements in the Laz Affirmation with

respect to the nature of the Hospital's operations (Laz Aff. ¶ 3) are, therefore, erroneous.

4. Patients who come to the Hospital receive accurate medical information concerning treatment. This is true for adolescents in the Hospital's Teenage Pregnancy Program who are offered specific education programs. With respect to pregnant women, it has been our experience that teenage patients are fully aware of their options and generally would not be coming to the Hospital unless they wanted to deliver their child. Any teenager seeking pregnancy testing is given some basic knowledge about pregnancy and all questions are answered. I, therefore, disagree with Dr. Laz's unsubstantiated conclusion that the adolescent patients "receive skewed, misleading and sometimes erroneous medical information . . .", etc., that patients are ill-informed about their options, or that patients have no other choice for care once enrolled at St. Margaret's. (Laz Aff. ¶ 2, 6A). The care given the patient at the Hospital remains within good standards of medical practice and within the guidance of the religious directives.
5. Moreover, based upon my experience at the Hospital, I disagree with Doctor Laz's conclusion that the options of sterilization and abortion "are critical for the vast majority of obstetrical or gynecological patients".[1] (Laz Aff. ¶ 6A) I disagree with the conclusions of Doctor Laz that the Hospital patients are "ignorant" or become "completely dependent" on the Hospital as the exclusive source of information on the medical issues discussed. Many teenagers are referred to

[1] Contrary to the implications in Doctor Laz's Affirmation (¶ 6D), the Hospital performs no abortions.

St. Margaret's from other agencies for care in the pregnancy they wish to continue. Most teenagers seeking services travel to and from St. Margaret's by Hospital van for school or independently by public transportation for health services. The nearest referral and service center for the full range of family planning is two blocks from St. Margaret's on a major road and on a bus line.

6. Doctor Laz's statements concerning Hospital policies with respect to pregnancy are inaccurate. I dispute his unsupported conclusion that the hospital's treatment of the fetus "often imperils women's health and lives". (Laz Aff. ¶ 6B). Physicians at St. Margaret's consider that they are caring equally for two human beings, both mother and fetus. The well being of the unborn child is of importance regardless of the age of gestation.
7. Doctor Laz also misstated the Hospital's policy on when a fetus is declared to be dead. (Laz Aff. ¶ 6D). At one point in time, during the early stages of ultrasound technology, there were two tests one week apart required at the Hospital to determine the death of the fetus. Improvements in the technology, however, have obviated the need for this approach.
8. Doctor Laz also has misstated the Hospital's current policy on ectopic pregnancy (Laz Aff. ¶ 6E). We similarly disagree with Doctor Laz's conclusion that a D & C would always be required to make a diagnosis of ectopic pregnancy since ultrasound is frequently used. If ultrasound exam reveals no pregnancy sac, a D & C would be performed in that instance.
9. Doctor Laz also misstated the Hospital's policy concerning the baptism of premature or stillborn

babies. (Laz Aff. ¶ 10.5). The policy of the Hospital is that if the baby is of Catholic parents and is in imminent danger of death, then the baby is baptized. If the parents are non-Catholic, one parent must request baptism, or it is not performed.

10. Although Doctor Laz states in his Affirmation that the Hospital's "impositon of . . religious directives caused (him) great conflict" (Laz Aff. ¶ 6), Doctor Laz sought after his position at the Hospital after having had significant exposure to the Hospital during his medical School Program. He remained here for four years and never attempted to resign his residency at the Hospital.

I declare under penalty of perjury that the foregoing is true and correct.

THOMAS F. DUNCAN, M.D.

Executed this 2 day of May 1985 at Dorchester, MA.

n (6)

PLAINTIFFS' STATEMENT OF MATERIAL FACTS WITH PLAINTIFFS' CHARACTERIZATION OF DEFENDANT'S RESPONSE*

* * * * *

4. The religious positions of some official religious bodies are that abortion is a sin. The religious positions of some other official religious bodies deem that the choice to have an abortion is a religious choice and a matter of conscience. For the government to remove that choice violates religious tenets. Luxemburg dep. pp. 18-19; Exh. 5, p. 2-3; Exh. 6, p. 3; Defendant's Exh. 1 of Deposition of L. Buxton, Exh. 1-B of Goddard depo., General Resolutions of General Assembly of the Unitarian Universalist Association, 1981 (A., I, pp. 48-55) (Agree to first two sentences; as to third sentence, no rebuttal evidence submitted in accordance with Rule 56(e); dispute materiality)

5. For a religious denomination the question of the permissibility of abortion is answered by that group's theological teachings. Affidavits of Dean Wogaman, ¶ 5 (A., VI, pp. 217-220); Rabbi Feldman; ¶ 6 (A., VI, p. 138): Doctor Simmons, ¶ 10 (A., VI, pp. 69-72); Professor Harrison, ¶ 3 (A., VI, p. 142); and Fredrica Hodges, ¶ 4 (A., VI, p. 154) **(No rebuttal evidence submitted; dispute materiality)**

6. A denomination's theological teachings on the value of the fetus, as well as when the fetus attains personhood are, in part, determinative of that group's position on abortion. Affidavits of Wogaman (A., VI, p. 217-220), Feldman ¶ 7-8 (A., VI, p. 72) Simmons ¶ 6 (A., VI, p. 72), and Harrison ¶ 6 (A., VI, p. 142) **(No rebuttal evidence submitted; dispute materiality)**

7. Catholic Fundamentalist teachings on abortion also differ from mainstream Judaism and mainstream Protestantism as to the role of individual decision-making on this issue. Mainstream Judaism and Protestantism view

the decision to have an abortion as one conferred to the woman and her own religious conscience, whereas Catholicism and fundamentalism preclude such a choice. Wogaman (A., IV, pp. 217-220), Simmons (A., VI, pp. 73-74, and Feldman ¶ 13 (A., VI p. 139) **(No rebuttal evidence submitted; dispute materiality)**

8. Jewish religious teachings on abortion are based on the Five Books of Moses, the Mishnah and the G'mara and Responsa literature. Feldman Aff. ¶ 6 (A., VI, p. 138). **(No rebuttal evidence submitted; dispute materiality.)**

9. Mainstrean Jewish religious teachings on the status of the fetus hold that personhood is not attained until birth. Under both Orthodox and mainstream Jewish law, abortion can never be murder. Feldman Aff., ¶ 7-8 (A., VI, p. 138), and *Marital Relations, Birth Control and Abortion in Jewish Law*, Feldman (1968) pp. 259-260 (A., VI, pp. 174-175) **(As to first sentence no rebuttal evidence submitted; as to second sentence no rebuttal evidence submitted in accordance with Rule 56(e). Dispute materiality. The statement cited by defendant of Rabbi Bleich is qualified by him to distinguish feticide from murder—see S. S. Res. 119 and 130, 93rd Congress 2d Session Vol. 1 pp. 289-290, 316-317)**

10. Mainstream and Orthodox Jewish religious teachings, based on the Mishnah, hold that abortion is mandated when a women's life is threated by the pregnancy. Mainstream Jewish law also teaches that where a woman's mental health is at stake abortion is warranted. Feldman Aff. ¶ 9, 11 (A., VI, pps. 138-139); Agreed Statement of Facts Not In Dispute, #5, p. 2-3; American Jewish Congress, Resolution on Reproductive Freedom, 1982 (Defendant stipulates that AJC Resolution accurately represents AJC position on abortion); and *Marital Relations, Birth Control and Abortion in Jewish Law*, Feldman, at 281-284 (A., VI, pp. 176-179) **(No rebuttal evidence submitted; dispute materiality)**

11. A basic religious tenet of the United Methodist Church holds that individual freedom must be protected and that a woman's decision to have an abortion must be respected. Exh. 6, p. 3, Book of Discipline of United Methodist Church, Nashville, 1980, p. 91 (A., I, pp. 109-110) **(Agree; dispute materiality)**

12. The Unitarian Universalist Church believes that abortion is an individual, conscientious choice of the woman and must be respected. General Resolutions of General Assembly of the Unitarian Universalist Association, 1981 (A., I, pp. 186-187, 188-189) **(Agree; dispute materiality)**

13. Religious Coalition for Abortion Rights (RCAR) is an organization of various religious organizations whose religious tenets support the proposition of abortion as a pregnancy alternative and that a woman must be allowed the freedom of choice on that alternative. All member denominations of RCAR adhere to its purpose of educating the public about anti-abortion legislation as a threat to religious liberty. Hodges Aff. ¶ 3-4 (A., VI, pp. 153-154) **(No rebuttal evidence submitted; dispute materiality)**

14. Member denominations of RCAR include American Baptist Churches, U.S.A.; the American Jewish Congress; the Central Conference of American Rabbis; the Episcopal Church; the Lutheran Church in America; the Presbyterian Church, U.S.A.; the United Methodist Church; the Unitarian Universalist Association; Reorganized Church of Jesus Christ of the Latter Day Saints; and the United Church of Christ. Hodges Aff., Exh. A (A., VI, pp. 156-163) **(No rebuttal evidence submitted; dispute materiality)**

15. One religious tenet of the Roman Catholic Church is that a fertilized ovum is a person from the moment of conception and abortion is a sin. "Human life must be respected and protected absolutely from the moment of conception. Abortion is a direct violation of the fun-

damental right to life of the human being." Charter of the Rights of Family, issued by the Vatican in 1980 (A., I, pp. 85-88) **(Agree; dispute materiality)**

16. Another religious tenet of the Roman Catholic Church holds that "Sexual intercourse divorced from the context of procreation loses its significance, exposes the selfishness of the individual, and is a moral disorder." Vatican Congregation for Catholic Education entitled "Educational Guidance in Human Love," Nov. 1, 1983 (A., I, pp. 89-100) **(Agree; dispute materiality)**

17. Fundamentalist religious teachings hold that the conceptus has equal value and personhood to that of a woman and therefore abortion violates an absolute moral rule. Simmons Aff. ¶ 7 (A., VI, p. 73) **(No rebuttal evidence submitted; dispute materiality)**

18. The Church of Jesus Christ of the Latter Day Saints (Mormon) teaches that abortion is revolting and sinful and can never be allowed except in rare instances when a woman's life is threatened by the pregnancy, or the pregnancy is a result of rape or incest. Even under those circumstances, the Church places qualifications on the decision to have an abortion. Knauer Aff., Exh. A (A., VI, p. 152) and "Abortion—Part I: Hearings on S.J. Res. 119 and S.J. 130 Before the Subcommittee on the Judiciary, 93rd Congress, 2d Session, 318 (1974) Statement on behalf of the Church of the Latter Day Saints" (A., I, p. 84) **(No rebuttal evidence submitted; dispute materiality)**

19. Mormon teachings also hold that church members who encourage, perform or submit to an abortion must be disciplined by Church councils. Knauer Aff., Exh. A (A., VI, p. 152) **(No rebuttal evidence submitted in accordance with Rule 56(e); dispute materiality)**

20. The Southern Baptist Convention has propounded resolutions which oppose abortion in all instances except to save the physical life of the mother. Their official position states that ". . . The practice of abortion for selfish,

non-therapeutic reasons wantonly destroys fetal life, dulls our society's moral sensitivity, and leads to a cheapening of all human life. . ." Resolutions of Southern Baptist Convention, Nos. 13, 10 and 8, Exh. C of Simmons Aff. (A., VI, p. 136) **(No rebuttal evidence submitted; dispute materiality)**

21. The Lutheran Church-Missouri Synod has an official position that abortion is morally wrong. That church's theology states that "Life and death belong to the providence of God, and no person has the right to extinguish human life by a decision of his own, made apart from general precepts that express God's will; resolved that the Synod regard willful abortion as contrary to the will of God." Abortion—Part I: Hearings of S.J. Res. 119 and S.J. 130 Before the Subcommittee on the Judiciary, 93rd Congress, and Session, 321 (1974) (A., I, pp. 80-81) **(Agree; dispute materiality)**

22. The Lutheran Church-Missouri Snyod endorsed a human life amendment to the U.S. Constitution prohibiting abortion except "as a tragically unavoidable by-product of medical procedures necessary to prevent the death of another human being . . . the mother." Report of Endorsement of Human Life Amendment by the Lutheran Church-Missouri Synod (A., I, pp. 80-81) **(Agree; dispute materiality)**

The 1982 AFLA Religious Applicants

23. At least fifty of the 405 1982 AFLA grant applicants are explicitly identifiable as religious or religiously affiliated organizations. They are as follows:

1. Shepherd Care Ministers, Inc., Hollywood, Fl
2. Bethany Christian Services, Grand Rapids, MI
3. House of His Creation, Coatesville, PA
4. United Church for Biblical Witness
5. St. Joseph Hospital of Florence, Colorado, Inc.

6. St. Vincent Hospital and Medical Center
7. Catholic Charities, Worcester, MA
8. Catholic Charities of the Diocese of Albany
9. Catholic Charities of Springfield, IL
10. Catholic Family Services, New Haven, CT
11. Catholic Charities Diocese of Ft. Wayne
12. Catholic Social Service, Peoria, IL
13. Catholic Charities Centre of Old Colony Area
14. Catholic Charities of Syracuse
15. Catholic Cummunity Services Northwest
16. Home of Divine Providence, Inc., Wilmington, DE
17. Catholic Charities, Inc., Spokane, WA
18. St. Vincent Hall/Catholic Community Service
19. The Salvation Army, Grand Rapids, MI
20. Riverside Methodist Hospital, Columbus, OH
21. Catholic Family Services, Portsmouth, VA
22. Catholic Diocese of Memphis
23. Marygrove School, Florissant, MO
24. St. Vincent's Medical Center of Richmond, Staten Island, NY
25. Catholic Diocese of Trenton
26. Catholic Charities Diocese of Bridgeport
27. Catholic Community Services of San Diego
28. Christian Study Center
29. Catholic Diocese of Orange, Orange, CA
30. Catholic Social Services, Montgomery, AL
31. St. Elizabeth Home, Indianapolis, IN
32. Catholic Family Service, Inc.
33. Catholic Charities of Archdiocese of Chicago
34. Catholic Counseling Center, Cleveland, OH
35. Archdiocese of Washington, D.C.
36. Catholic Community Services Diocese of San Francisco
37. Catholic Home Bureau, Hampton, VA
38. Catholic Charities, Modesto, CA

39. Benedict College, Columbia, SC
40. World Organization Ovulation Method-Billings, Covington, LA
41. Merton P. Strommen, Search Institute, Minneapolis, MN
42. Lutheran Family Services
43. Catholic Charities Diocese of Arlington, Inc.
44. St. Ann's Infant and Maternity Home
45. Catholic Social Services of Wayne County
46. SUMA
47. St. Margaret's Hospital
48. St. Mary's Hospital
49. Brigham Young University
50. Catholic Family Services/Amarillo, Texas.

Underwood dep. Exh. 7 (A., I, p. 242B-242U) **(Defendant agrees listed organizations were 1982 applicants and that some are religiously affiliated. Defendant offers no rebuttal evidence that these organizations are not all religious and does not counter plaintiffs' proof on the 50 as contained in cites under paragraph 24.)**

24. Forty-nine of the fifty adhere to theological tenets against abortion. The nine 1982 AFLA applicants identifiable as Catholic and anti-abortion that are not identified in Schiff Aff. are:

. Catholic Counseling Center
Catholic Social Services, Montgomery, AL
St. Elizabeth Home, Indianapolis
Catholic Charities of Archdiocese of Chicago
Archdiocese of Washington, D.C.
Catholic Community Service Diocese of San Francisco
Catholic Home Bureau, Hampton, VA
Catholic Charities, Modesto, CA

(See Rule 201 of the Federal Rules of Evidence, *United States v. Kahane* 396 F. Supp 687, 692 (E.D.N.Y. 1975), *mod. on other grounds*, 527 F. 2d 492 (2d Cir. 1975) where

Judge Weinstein took judicial notice, pursuant to Rule 201, *Fed. R. Evid.*, of the importance of dietary requirement in Judaism and *United States v. Dykema*, 666 F.2d 1096, 1104 (7th Cir. 1981) where the court accepted as "common knowledge" that vows of proverty have been known in Roman Catholic tradition for centuries.) See, Schiff Aff., ¶¶ 1-5 for proof on applicants 1-29 and 39 (A., VI, pp. 1-123); and Plaintiff's Statement of Facts, above *#24* and below #29-39; and Bordeau Aff. (A., VI, p. 164) for applicants #2, 31-38, 40-41, and 49; for applicants 40-48 and 50 see Plaintiffs' Statement of Facts for each named grantee. **(No rebuttal evidence submitted; dispute materiality). Hearsay is not applicable to these facts appropriate to be noticed under *Fed. R. Evid.* 201.)**

25. Thirty eight of these 1982 AFLA applicants are affiliated with the Roman Catholic Church and are opposed to abortion. Schiff Aff. ¶ 4 ¶ 3-6, 9, 11, 14-25 and ¶ 5 (A., VI, pp. 4-5, 7-8, 8-12, 12-13) and Plaintiffs' Statement of Facts above, #24. **(No rebuttal evidence submitted; dispute materiality) (Hearsay is not applicable to these facts appropriate to be noticed under *Fed. R. Evid.* 201.)**

26. The Protestant groups (with the exception of Riverside Methodist Hospital) who applied for AFLA grants in 1982 all adhere to conservative Christian tenets opposing abortion. They are as follows:

1. Shepherd Care Ministries
2. House of His Creation
3. United Church for Biblical Witness
4. Home of Divine Providence
5. The Salvation Army
6. Christian Study Center
7. Benedict College
8. Bethany Christian Services
9. Search Institute
10. Lutheran Family Services (a grantee)

See, Schiff Aff. ¶ 4, ¶ 1, 2, 7, 8, 10, 12, 26, and ¶ 5 for applicants 1-7 (A., VI., pp. 2-4, 6-7, 7-8, 12-13). Bordeau Aff. for applicant 8 (A., VI, p. 164), and for Search Institute and Lutheran Family Services, see Plaintiff's Facts on those programs. **(No rebuttal evidence submitted; dispute materiality). (Hearsay is not applicable to these facts appropriate to be noticed under *Fed. R. Evid.* 201.)**

27. In 1982, 9 religious organizations were funded for AFLA: 7 were Catholic, one Mormon, and one Lutheran-Missouri Synod:

Catholic Charities of the Diocese of Arlington Plaintiffs' Facts of CCDA #1-165)
Brigham Young University (Plaintiffs' Facts below, #29-37)
St. Ann's Infant Maternity Home (Plainttiffs' Facts on St. Ann's #1-119)
Lutheran Family Services (Plaintiffs' Facts on LFS, (#1-28)
St. Margaret's Hospital (Plaintiffs' Facts on St. Margaret's #1-219)
Catholic Social Services of Wayne County (Plaintiffs' Facts on CSS #1-32)
St. Mary's Hospital (Plaintiffs' Facts on St. Mary's, #1-4)
Catholic Family Services, Amarillo, Texas (Plaintiffs' Facts on CFS, #1-27)
The Good Samaritan Hospital/SUMA (Plaintiffs' Facts on SUMA #1-16)

(Defendant disputes that SUMA is religiously affiliated; agrees that all other organizations are religiously affiliated; no rebuttal evidence submitted; dispute materiality)

28. In 1983, 11 religious organizations were funded for AFLA grants, 8 were Catholic, 1 Mormon, 1 Lutheran and 1 conservative Christian:

Catholic Charities of the Diocese of Arlington
Brigham Young University

St. Ann's Infant Maternity Home
Lutheran Family Services
St. Margaret's Hospital
Catholic Family Services, Amarillo, Texas
Search Institute
Families of America Foundation (FAF)
Good Samaritan Hospital/SUMA
St. Mary's Hospital
Catholic Social Services of Wayne County

Plaintiffs' Statement of Facts on each grantee, as cited above in #27, and Plaintiffs' Facts, below #29-40. **(Defendant disagrees that Search Institute, SUMA and FAF are religiously affiliated; agrees that all other organizations are religiously affiliated; no rebuttal evidence submitted in accordance with Rule 56(e); dispute materiality)**

* * * * *

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

No. 83-3175

CHAN KENDRICK, ET AL, PLAINTIFFS

v.

MARGARET HECKLER, DEFENDANT

DECLARATION OF LARRY CAMPBELL

1. I am the Executive Director of SEMO Association of Public Health Administrators, Inc. ("SeMo"). SeMo operates the Bootheel Adolescent Family Life Project under a grant provided by the Department of Health and Human Services pursuant to Title XX of the Public Health Services Act. I personally authored the grant application. I have personal knowledge of the matters set forth in this declaration.

2. SeMo is a not-for-profit Missouri corporation. Its Board of Directors is composed of the Administrators of five Public Health Departments in the Bootheel area of Missouri.

3. SeMo is not affiliated with any religious or religiously-affiliated organizations or institutions.

4. SeMo's services are made available without regard to race, creed or economic status. SeMo does not inquire into the religious affiliation, or absence of religious affiliation, of its clients or prospective clients.

5. SeMo does not inquire into the religious affiliation, or absence of such, of its employees or prospective employees. Under the organization's personnel policies, in the employment process selection is made on the basis of merit and competence and regardless of race, color, religion, sex, national origin or age.

6. The Bootheel Project has, since its inception, attempted to work with the major civic and social institutions in the Bootheel area, including local churches and

religiously affiliated organizations in order to reach as wide an audience as possible for our program. It is our hypothesis that working with such civic and social institutions will permit the goals of the program to continue to be reached after Federal funding has ceased.

7. Our 1982 application stated that, as part of our overall effort to reach the community with our sexuality education, we would train instructors from area churches. However, this part of the program has never been implemented. No clergy and no church employees have been trained under this project.

8. Upon occasion, leaders of particular churches have indicated that they will allow SeMo to present its sexuality education programs through their organization only if the program is adapted to the particular teachings of their faith. We do not and have never presented our programs to such organizations unless they accept our program and curriculum as we have developed them.

9. My intent in writing the grant application was to convey a simple plan, to wit: involve the family and the churches, as civic institutions, in explicit sexuality education programs. The plan was not, and is not, to promote the views of the churches or a church on sex.

I declare under penalty of perjury, that the foregoing is true and correct. Executed on October 1, 1984.

/s/ LARRY CAMPBELL
Larry Campbell

State of Missouri)
County of Dunklin)

Subscribed and sworn to before me, a notary public, this 1st day of October, 1984.

Seal

/s/ DEBRA CAMPBELL
Notary Public

My commission expires September 24, 1987

EXCERPT FROM THE DECLARATIO.. OF GAIL ZETTEL

* * * * *

[22] The Project has a policy of not permitting observers during group sessions. The only exception is made for staff members who are training. Various interested persons, e.g., school principals or community leaders, may attend a parent meeting to familiarize themselves with the materials and content offered. Sometimes these people are members of the clergy. At St. Christine's, where one of the first CASI presentations was held, the school principal (a nun) and the pastor did attend a group session without informing the Director beforehand. They were asked not to attend after that and complied with this request. A priest and nun did attend a general information meeting held at St. Gemma's School but did not attend the actual sessions.

* * * * *

EXCERPTS FROM THE DECLARATION OF LARRY WATSON

* * * * *

[13] Speeches concerning adoption have been made at 13 social service agencies, two state universities, three civic clubs, seven public schools, four hospitals, six churches, and at one public library.

[14] From the period of October 1983 through May 1984 personal visits presenting information concerning adoption and other services of the project have been made at approximately 24 public schools, 47 social service agencies, two colleges, nine hospitals, 32 churches, two civic groups, eight courthouses, two parochial schools, and eight radio and TV stations. These visits are representative of visits made throughout the period of the care and prevention project.

* * * * *

[19] Catholic Family Service has coordination of service agreements with the following agencies in the Panhandle-South Plains area:

Texas Department of Human Resources Protective Services
Juvenile Probation Office – Plainview
South Plains Health Providers – Plainview
Day Care Association of Lubbock
Terry County Juvenile Probation Department
Hockley County Juvenile Probation
Lubbock Right to Life
Lubbock City Health Department
Texas State Board of Health
South Plains Community Action – Levelland
Moore County Planned Parenthood Dumas Family Service Center
Texas Dept of Health Region I, Public Health Dumas Sub. Office

Northwest Texas Hospital
Amarillo College
Amarillo Bi-County Health Department
Texas Tech University Health Sciences Center
Public Health Region I, Texas Dept. of Health
Amarillo State Center
Dumas Family Services
Parenting Services, Inc.
Texas State Technical Institute
Potter County Juvenile Probation
Amarillo Public School System

* * * * *

STATE OF HAWAII
DEPARTMENT OF HEALTH
FAMILY HEALTH SERVICES DIVISION
MATERNAL AND CHILD HEALTH BRANCH
741-A SUNSET AVENUE
HONOLULU, HAWAII 96816

August 28, 1984

Joel M. Mangel
Deputy Assistant General
Counsel for Public Health
Dept. of Health and Human Services
Office of the Secretary
Office of the General Counsel
Rockvill, Maryland 20857

RE: Kendrick, et al., v. Margaret K. Heckler, et al., C.A. No. 83-3175 (D.D.C.)

Dear Mr. Mangel:

This letter is in response to correspondence dated July 30 and August 1, 1984, regarding information for the above mentioned case. All areas of inquiry are not applicable to Hawaii's Adolescent Family Life Project:

(1) The project is not affiliated with any religious organization;

(2) The grant application is without any religious, anti-abortion, or anti-contraceptive references;

(3) The project does not have any contractual agreement with religious organizations;

(4) The project has not presented any material or information to religious organization nor initiated correspondence with such organizations.

The Hawaii Adolescent Family Life Project is a community based program aimed at developing a case management model for pregnant and parenting adolescents, and is not concerned with curriculum design or reference materials.

Please accept my apology for the lateness of this response, however, Ms. Morales was on vacation and has subsequently resigned from her position as project director. I hope this information meets your needs.

Sincerely,
/s/ LORETTA FUDDY
Loretta Fuddy, ACSW, MPH

TUCSON UNIFIED SCHOOL DISTRICT
P.O. BOX 40400
1010 EAST TENTH STREET
TUCSON, ARIZONA 85717

August 13, 1984

Joel M. Mangel, Deputy Assistant
General Counsel for Public Health
Room 4A-53, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857

Dear Mr. Mangel,

In response to your letters of June 25, 1984 and July 30, 1984 the following information is provided.

Interrogatory 1. The grant recipient is the Tucson Unified School District which is a public school and therefore has no religious affiliation or mission.

4. Attached are agreements between TUSD and Catholic Social Service (a division of Catholic Charities), Jewish Family Service and St. Elizabeth of Hungary Clinic. These agencies provide services as part of the funded program, as do four other local agencies which do not have any religious affiliation. The services which they provide are described in the proposal and narrative reports which have been submitted to OAPP.

5. There are no religious or spiritual services, lectures, or events provided as part of, or in conjunction with the funded program.

6. Counseling, health care, and/or instruction are provided at the three agencies listed in #4 above. There is a crucifix in the waiting room/lobby of Catholic Social Service but no religious symbols in the counseling area. A picture of St. Elizabeth of Hungary hangs in that Clinic, and there are some crucifixes also. Jewish Family Service has no religious symbols present.

7. None.

8. Although the official stand of CSS and St. E's is pro-life and anti-contraception other than natural methods, no materials are distributed or used which state this position.

9. None.

10. PSA's are in progress. They are described in the position paper on file with OAPP. No other tapes have been made.

Please contact me if I am able to provide additional information.

Sincerely,
/s/ SHERRY BETTS
Sherry Betts
PASAFE Project Director

EXCERPT FROM THE CAMDEN COUNTY ADOLESCENT FAMILY LIFE PROGRAM'S REPLIES TO INTERROGATORIES

1. The OAPP grantee is the Camden County Division of Health, which is a County agency without religious affiliation. Through the grantee, subcontracts utilizing OAPP funds are let to four hospitals, one prenatal clinic, two visiting nurse agencies and two universities. Of these nine subcontracts, two are to agencies which have religious affiliations:

—Obsorn Family Health Center/Our Lady of Lourdes Hospital. Osborn is a separately incorporated entity affiliated with Lourdes Hospital/University Medical Center, which is a Catholic Hospital associated with the Order of St. Francis.

—St. John the Baptist Prenatal Clinic, a prenatal clinic serving a largely Hispanic low-income population, affiliated with the Catholic Diocese of Camden.

4. Copies of the contracts with the two institutions indicated above are enclosed.

5. No religious or spiritual services, lectures or events are or have been provided as part of the OAPP funded program.

6. The Camden County Adolescent Family Life Program (CCAFL) provides teacher training for family life education, classes for youth on sexuality and family life, and parent education workshops on communicating with your child about sex. None of these have any religious orientation or content. The bulk of our work has been with County public schools, adult schools and professional agencies, but guest lectures have also been given in parochial settings. The content has been the same and makes no religious references.

7. As part of the CCAFL outreach, letters have been sent to all County schools, institutions, agencies, and clergymen offering parent education workshops to the

community they serve. In addition, occasional presentations are made before church related groups on topics of concern to CCAFL. (See attachments). None of these espouse, promulgate, or support any religious philosophy. They deal simply with the content of family life education, prevention of adolescent pregnancy, and related issues.

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COVER PAGE OF THE
CAMDEN COUNTY ADOLESCENT FAMILY LIFE PROGRAM

Progress Report

October 1, 1983-June 1, 1984

by

Ruth W. Salmon, Ph.D., Coordinator
with the assistance of

Sr. Marie deSales, St. John the Baptist Prenatal Clinic
Donna M. Fonte, Camden County Department of Health
Dalia Georgedes, Osborn Family Health Center/Our Lady of Lourdes Medical Center
Charlotte Furey, JFK Memorial Hospital/University Medical Center
Beth Kaplan, Cooper Hospital/University Medical Center
Natalie Phelan, West Jersey Health System
Raphael J. Salmon, Ph.D., Rutgers Regional Health Programs
Theresa Scholl, Ph.D., University of Medicine and Dentistry/New Jersey School of Osteopathic Medicine
Olga Kotalik, RN, MPH, Visiting Nurse and Health Association
Dr. Josephine Liebovici, Community Health and Nursing Services

Camden, New Jersey
June, 1984

EXCERPTS FROM THE 1983 PROGRESS REPORT OF CATHOLIC FAMILY SERVICES OF ARMARILLO, TEXAS

IV

COMBINATION CARE AND PREVENTION SERVICES PROJECT

The combined service demonstration project for CFS is designed to provide a combination of care and prevention services. The service is designed to provide services to adolescents and their families at various stages of the adolescents' sexual development.

* * * * *

PREVENTION SERVICE REPORT

1. To develop a curriculum for a series of youth symposiums entitled Teenage Sexuality and Decision-Making. To present six symposiums to reach 350 (75% = 263) adolescents and their families.

YOUTH SYMPOSIUMS

DATE	WHERE PRESENTED	TOPIC	TIME	PRESENT
4/17/83	Levelland	Sexuality & Decision-Making	6 Hours	23
5/1/83	St. John Neumann, Lubbock	Sexuality & Decision-Making	6 Hours	20
6/8/83	Spur	Sexuality & Decision-Making	6 Hours	30
9/17/83	St. Joseph's, Lubbock	Sexuality & Decision-Making	5 Hours	80
5/26/83	DHR Lubbock	Sexuality & Decision-Making	8 Hours	10
6/16/83				
6/30/83				
7/28/83				
9/24/83	San Jose School, Hereford	Sexuality & Decision-Making	4.5 Hours	25
9/27/83	Almo High	Sexuality & Decision-Making	4.5 Hours	60
	Retreat Center, Amarillo			
9/28/83	Potter County, Juvenile	Sexuality & Decision-Making	4 Hours	4
	Detention Center, Amarillo			

TOTAL – 8 Symposiums to 252 youth.

2. To develop and offer ongoing community courses to encourage parents to assume the role as primary provider of sex education to you. To provide ten four-week courses to 200 parents (75% = 150).

PARENT COURSES

DATE	WHERE PRESENTED	TIME	PARENTS PRESENT
3/7/83	O.L.G. Church Station	8 Hours	20
3/14/83			
3/21/83			
3/28/83			
3/23/83	Levelland	6 Hours	30
3/30/83			
3/7/83			
4/6/83	St. John Neumann	8 Hours	20
4/13/83			
4/20/83			
4/27/83			
3/8/83	D.L. Guadalupe	6 Hours	18
3/15/83	Lubbock		
3/22/83			
3/28/83	Antonian Room	8 Hours	18
4/25/83	Hereford, Tx		

TOTAL – Five courses to 101 parents

Client Characteristics of Parents Attending Courses

	Amarillo	Lubbock	Total	%
Sex				
Male	6	26	32	32%
Female	7	62	69	68%
Ethnic				
Black	0	0	0	
White	11	30	41	40%
Hispanic	2	58	60	60%
Native American	0	0	0	
Asian/Pacific	0	0	0	
Other	0	0	0	

3. To provide counseling to 200 (75% = 150) "at risk" youth and their families referred by agencies, police, schools, parents, priests, and ministers as sexually active.

Client Categories at Risk Youth: Amarillo – 31
Lubbock – 12 Total – 43

Client Characteristics of At Risk Youth

	Amarillo	Lubbock	Total	%
SEX				
Male	0	0	0	
Female	31	12	43	100%
AGE				
Under 15	4	12	16	37%
15-18	19	0	19	44%
18	8	0	8	19%
				100%
ETHNIC				
Black	0	5	5	12%
White	20	3	23	53%
Hispanic	11	4	15	35%
Native American	0	0	0	
Asian/Pacific	0	0	0	
Other	0	0	0	
				100%

4. To provide 60 (75% = 45) public presentations to adult and youth organizations on the subject to Teenage Sexuality and Decision-Making, reaching 1,200 persons.

LUBBOCK PRESENTATIONS

DATE	WHERE PRESENTED	TOPIC	TIME	PRESENT
1/23/83	CCD Coordinators, Lubbock	Family Talks About Sex	1 hr	20
2/2/83	New Directions, Lubbock	Family Talks About Sex	1 hr	42
2/6/83	O'Donnell	Decision-Making	2 hr	20
2/9/83	DEBT Parents	Human Sexuality	1 hr	8
2/22/83	LIAC, Lubbock	Human Sexuality	1 hr	8
2/23/83	St. Josephs, Lubbock	Human Sexuality	1 hr	15
3/2/83	St. Josephs, Lubbock		1 hr	20
3/5/83	Parent Leaders Slaton	Human Sexuality	2 hr	8
3/9/83	Church, Brownfield	Human Sexuality	2 hr	50
3/15/83	Parent Meeting Ralls	Family Talks About Sex	2 hr	20
3/16/83	O.L.G., Lubbock	Human Sexuality	1 hr	25
3/24/83	Leader's St. John Numann	Human Sexuality	2 hr	8
3/27/83	St. Lawrence Youth Grp.	Teen Sex – Dec Making	5 hr	20
4/23/83	Spur	Family Talks About Sex	2 hr	60
4/23/83	Olton	Human Sexuality	2 hr	35
4/29/83	Community Action Staff	Family Talks About Sex Saying No		30

DATE	WHERE PRESENTED	TOPIC	TIME	PRESENT
4/30/83	Hispanic Women Caucus	Family	4 hr	60
5/7/83	Plainview-CCD Gathering		4 hr	30
5/25/83	Abernathy Church	Human Sexuality	2 hr	24
5/26/83	DHR Staff	Human Sexuality Presentation	1 hr	8
5/29/83	Spur	Roles & Sexual Responsibility	2 hr	15
6/2/83	Health Dept.	Teen-Age Pregnancy	1 hr	18
6/30/83	Health Dept.	Teen-Age Pregnancy	1 hr	17
7/8/83	Office, Lubbock	"Saying No"	2 hr	20
7/11/83	Office, Lubbock	"Saying No"	2 hr	10
8/3/83	Office, Lubbock	Teen-age Pregnancy	2 hr	6
9/14/83	New Directions	Teen-Age Pregnancy	1 hr	60

AMARILLO PRESENTATIONS

1/28/83	West Side Rotary	Teen Sex-Dec. Making/APCAPP	½ hr	100
2/7/83	Tx. Cattle Feeders – Adult	Teen Sex-Dec. Making/APCAPP	1.50 hr	25
3/1/83	APCAPP Adv. Comm. – Adult	Teen Sex-Dec. Making/APCAPP	2.50 hr	5
3/8/83	Pampa Dept. Hum. Res.- Adult	Teen Sex-Dec. Making/APCAPP	4 hr	10
3/10/83	HF&I Mother's Class	Teenage Sexuality	2 hr	13
3/27/83	St. Laurence Youth Group	Teen Sex-Dec. Making	5 hr	20

4/10/83	St. Phillips Episcopal Church Youth Group	Teen Sex-Superficial Image of Sex	1.25 hr	24
4/27/83	San Jose School Youth Group, Hereford, Tx	Teen Sex-Superficial Image of Sex	1 hr	35
5/8/83	St. Phillips Episcopal Church Youth Group	Teen Sex-Dec. Making	1.50 hr	10
5/16/83	Hilltop Learning Center Adult Group	Teenage Sexuality	2 hr	16
6/28/83	Amarillo? Adult Group	Teenage Sexuality	1.75 hr	10
7/16/83	St. Thomas Parents Group	Teenage Sexuality	2 hr	15
8/5/83	Texas State Foster Parent Assoc. Convention	Teenage Sexuality	1.50 hr	36
8/6/83	Texas State Foster Parent Assoc. Convention	Teenage Sexuality	1.50 hr	6
8/23/83	Parents Group/Support of Alcoholic Families	Teenage Sexuality	2 hr	8
9/6/83	Potter Co. Juvenile Probation – Adult	Teen Sex-Dec. Making/APCAPP	2 hr	7
9/15/83	Alamo Home/School Assc.	Teenage Sexuality/APCAPP	1 hr	98
		TOTAL – 43 PRESENTATIONS		1382 PERSONS

5. To develop and implement a marketing strategy utilizing public service announcements and to promote family guidance and support in making decisions concerning sexuality.

The objective was met through public service announcements and public presentations. See PSA and Public Speeches section for details.

[CARE REPORT]

1. To provide pregnancy counseling for 450 (75% = 338) adolescents requesting services. To provide assessment and an appropriate service plan for either preventative or maternity services as appropriate, and pregnancy testing for 120 (75% = 90).

	Amarillo	Lubbock	Total
Total Adolescents Requesting Service	99	107	253
Pregnancy Test	17	23	40

2. To provide service for 350 pregnant adolescents, including: pregnancy testing, counseling and caseworker services, group living, legal services, adoption, pre and post natal care, VD screening, homemaker services, child care arrangements, and family planning.

SERVICE	Amarillo	Lubbock	Total
Counseling/Caseworker	82	66	148
Pregnancy Test	8	18	26
Legal Services	22	3	25
Adoption Services	9	6	15
Pre/Post Natal Care	57	73	130
VD Screening	52	12	64
Homemaker Service	37	25	62
Child Care Arrangements	22	3	25
Family Planning	39	28	67

3. To provide group living and social services for 25 (75% = 19) pregnant adolescents by opening a maternity group home licensed for the care of adolescents.

	Amarillo	Lubbock	Total
Clients in Foster Care or Alternative Care	6	2	8

4. To place 60 (75% = 45) children born to adolescent mothers in adoptive homes.

	Amarillo	Lubbock	Total
Children Born to Adolescent Mothers	25	25	50
Placed in Adoption	9	6	15
Child with Mother	16	18	34
Other Arrangements	0	1	1

5. To provide "in-home" homemaker services, consumer education and educational/vocational counseling, as well as child care provider information/referral to 75 (75% = 56) adolescent mothers keeping their children.

SERVICE	Amarillo	Lubbock	Total
Homemaker Service	27	17	44
Consumer Education	6	0	6
Educational/Vocational	7	0	7
Child Care Provider Info/Referral	20	8	28

6. To provide fertility awareness information to 75 (75% = 56) adolescents.

7. To provide Family Planning Services to 150 (75% = 113) adolescents through the Natural Family Planning Program, or referral to other family planning programs.

SERVICE	Amarillo	Lubbock	Total
Fertility Awareness	64	41	105
Family Planning	39	28	67

Goal #3 Objectives

1. To provide assessment and an appropriate service plan for either preventative or pregnancy services to 450 adolescents requesting services. This will include 350 pregnant adolescents with services including: pregnancy testing (120); VD screening; pre and post natal care; counseling and casework services; group living; legal services; homemaker services; child care arrangements; adoption; and family planning.

   These services have been consistently provided to clients coming to CFS. We anticipate 400 adolescents will receive the service in the contract year. 350 pregnant adolescents will be served. The 100 additional clients projected to be served in '83-84 fiscal year will fall short by 50.

2. To design and implement a geographic outreach program to four communities as a method of increasing intake and extending services outside of the main urban areas.

   An outreach program to Snyder and Levelland is in place now. Outreach program development to Hereford and Dumas is in process and will be in place by the end of fiscal year 1984.

3. To provide alternative living and social services for 25 pregnant adolescents by opening a maternity group home licensed for the care of adolescents and by foster care.

   The maternity residence was licensed February 15, 1984 and to date had 9 pregnant adolescents cared for there. In addition 4 foster homes are currently licensed for the care of adolescents. 12 adolescents have been provided residential care to date.

4. To place 25 children born to adolescent mothers in adoptive homes.

Only 5 children born to adolescent mothers were placed in adoptive homes thus far this year. The cause of less placements than projected is uncertain; staff believes that support for the adoption decisions by peers, families, and cultures is almost non-existent.

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EXCERPTS FROM THE PROGRESS REPORT OF THE PIMA ASSOCIATED SERVICES FOR ADOLESCENT FAMILY EDUCATION PROJECT (PASAFE)

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PASAFE Structure

The Pima Associated Services for Adolescent Family Education Project (PASAFE) is a collaborative entity formed of public and non-profit agencies to develop and implement a comprehensive, integrated delivery system of care and prevention services to adolescents living in Pima County. The Tucson Unified School District Number One (TUSD) acts as an anchor agency for this network of local agencies insuring that services are in place and delivered. Under contractural letters of agreement, seven metropolitan based organizations conduct linked delivery of services in a comprehensive program of health, social service and educational components.

Health agencies include Pascua Yaqui Tribe Health Department, St. Elizabeth of Hungary Clinic and the El Rio Santa Cruz Health Center. Special consultative and referral relationships are maintained with the University of Arizona Health Sciences Center especially the High Risk Unit, Pediatrics and Obstetrics. Kino Community Hospital, the county hospital, is utilized along with Pima County Health Department Clinic, by PASAFE agencies. Participating family social service agencies include Catholic Social Service, Jewish Family Service and Arizona Children's Home. Map of catchment area follows. The Teenage Parent Program of TUSD is an alternative school for pregnant and parenting youth, which also provides prevention services.

Each PASAFE agency functions within stated dimensions of objectives and activities under contractual agreements with TUSD. Each agency documents service

performance and maintains an individual audit system for documentation of expenditures and in-kind matching funds. Program management and monitoring is carried out by TUSD program coordinator.

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PREVENTION PROGRAM

The PASAFE prevention component involves five of the seven PASAFE agencies: Teenage Parent Program, Jewish Family Service, Arizona Children's Home, Pascua Yaqui Health Department, and El Rio Neighborhood Health Center.

Goal: to prevent teen pregnancy and promote postponement of premature sexual activity.

Objective 1: to increase communication skills within the family and peer groups.
2: to increase self esteem including assertiveness.
3: to increase skills in decision making.
4: to increase skills in clarifying values within the family and peer group.
5: to increase knowledge of adolescent growth and development, human reproduction, and sexuality within the family.
6: to increase awareness of family planning services to adolescents and their parents.

PASAFE has developed a planned program which all five agencies implement in an effort to meet the above goal and objectives. Additionally, some individual agencies have other activities which address the objectives.

The PASAFE-wide plan has three components:

1. parent workshop
2. professional in-service
3. class series for children

This program is offered to community groups and elementary/middle schools. The target audience is children in 4th, 5th, and 6th grades, their parents, and those adults (teachers, nurses, principals, Scout leaders, and others) who work with children. All three groups must be involved in order to receive the service. This is required because of the belief that we cannot affect change in behavior and meet our objectives unless we work with parents, children, and other important adults in their lives. School nurses, principals, and central administrators have been made aware of this program. Currently, PTA's and School Community Partnership groups are receiving information. The Teenage Parent Program serves as the contact and scheduling agent for Tucson Unified School District. Other PASAFE agencies are making outreach to surrounding school districts and community youth serving associations and agencies. All five agencies work together to present the series.

The content of the presentations stresses development of skills and attitudes which foster shared communication within the family. "Talking about Sex with Kids" is a parent workshop designed by the Arizona Department of Health.

* * * * *

Also, the consistency in delivering services with a common goal shared by all PASAFE agencies, has had a positive impact on our clients, i.e. self-esteem, potential in growth in the areas of education, parenting, relationships and personal growth.

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St. Elizabeth of Hungary Clinic

The on-going pre-natal program of St. Elizabeth Clinic consists of 3 components:

1. Health care-pre-natal, lab tests, nutrition, post-partum
2. Counseling – includes supportive role in planning for the future
3. Education – pre-natal, post-partum and parenting.

These are available singly or collectively dependent upon individual needs and circumstances. The program is geared to fit the person, not the person to fit the program. Unique to the PASAFE personnel is the referral, networking, and sharing of clients as the norm not the exception. Some TAP students receive health care here, some ACCESS (Arizona Medicaid) patients receive the educational phase here, and adoption counseling is referred to Catholic Social Service.

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EXCERPT FROM THE 1982 APPLICATION OF SEMO ASSOCIATION OF PUBLIC HEALTH ADMINISTRATORS, INC.

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III. *PROGRAM OBJECTIVES*—Results and Benefits Expected

A. *Results*

The goal of this project is to demonstrate effective and acceptable strategies for preventing early and inappropriate adolescent sexual activity and teenage pregnancy in a highly conservative and religious rural area. The applicant's Board of Directors and management team share the conviction that the attainment of this goal is only possible with the full support and guidance of the community's most important social institutions—the family, the church and the school, with the family being the most important and critical to its success.

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EXCERPTS FROM THE 1984 PROGRESS REPORT OF SEMO ASSOCIATION OF PUBLIC HEALTH ADMINISTRATORS INC.

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I. *SUMMARY OF THE PROJECT*

The Bootheel Adolescent Family Life Project is a regional effort on the part of SeMo Association of Public Health Administrators, Inc. in coordination with the Office of Adolescent Pregnancy in Washington to reduce the incidence of teen pregnancy and early sexual activity and to encourage pregnant teens to consider the option of adoption. The Project is broken into three distinct segments which are interrelated and supportive.

The first segment is sexuality education for parents. The Project provides a six hour parent education workshop for small groups of parents at a cost of $10 per person, $15 per couple. The workshop utilizes a curriculum workbook which can be used by parents in a continuing process of family life education. The goal of the parent education workshop is to provide basic education on sexuality training, to educate parents as to the availability of educational resources and to motivate the parents to become the primary sexuality educators of their children.

The second segment of the program is intensive nursing follow-up as a tool in reducing the incidence of secondary pregnancies to young women who become pregnant for the first time at age 17 or younger. The focus of this strategy is to build self-esteem and sexual knowledge among teens who get pregnant early in an effort to reduce the likelihood that they will inadvertently become involved in a second pregnancy. This is accomplished through a process of regular nursing follow-up by a project

staff member along with intensified efforts through a network of community volunteers who work with girls particpating in the program.

The third segment of the program is adoption counseling. The applicant provides adoption counseling to the participants in the nursing follow-up program upon their entry into the program. Those participants who indicate an interest in adoption are referred to a qualified Division of Family Services adoption counselor who will provide more intensive adoption counseling. With less than 5% of pregnant teens choosing adoption on a national basis, the project is attempting to determine whether the regular availability of adoption counseling will, in fact, increase the number of adoptions among the target population.

* * * * *

III. *PROGRAM OBJECTIVES AND PROGRESS*

Objective 1: To demonstrate the effectiveness of a family/church based approached to position self-image and sexuality training for adolescents as a means of preventing early sexual activity and teenage pregnancy.

Progress: Since the achievement of this objective involves long-term pregnancy outcome, the success or failure of the project in meeting this objective will not be known for some years. However, there are interim measures that indicate that the parent education program is being accepted, and that the strategies advocated in the curriculum are being adopted by participant parents. Evidence of acceptability continues to be reflected in the wide range of community groups that are sponsoring and participating in parent education workshops. To date, 2,761 people in the target area have participated in informational presentations, and over 200 parents have paid for participation in the six hour parent education workshop. Over 25% of the participating groups are sponsored by various religious organizations in the area. The religious organizations normally considered to be opponents of sexuality education are those organizations most firmly supportive of this particular curriculum. Widespread support of the workshop is considered to be a result of the fact that the workshop leaders do not express or promote their individual values in the group setting and that the primary focus is to assist parents in becoming the sexuality educators of their children.

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EXCERPT FROM THE CURRICULUM OF THE TEEN PARENT CENTER OF THE LOUISIANA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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XII. METHODS TO PROMOTE ADOPTION, FAMILY INVOLVEMENT, AND POSTPONEMENT OF PREMARITAL SEXUAL ACTIVITY

Adoption is promoted primarily in individual counseling sessions. During the initial interview session, adoption is presented as an option for the pregnant adolescent and teenage parent. In addition, information prepared by one of the Center's linkage agencies and Baton Rouge's only licensed adoption agency, Catholic Social Services, is given to the client.

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SEMO
PARENT SEXUALITY EDUCATION WORKSHOP
Revised Curriculum
December 1983

This curriculum is for a 6 hour intensive learning and motivational experience for parents. It is designed to assist parents in developing open and honest relationships with their children. Emphasis is placed on factual sexuality education, responsibility and self-esteem building.

Premise: The child who has an open and honest relationship with parent or parents, factual sexuality knowledge and high self-esteem is less likely to be involved in a teen pregnancy, tends to delay sexual activity and tends to adopt parental sexual values.

Goals: 1. To convince parents to become the primary sexuality educators of their children.

2. To promote the 4 point strategy for children's sexuality education.

3. To provide educational resources.

4. To provide examples of the effective strategies for teaching responsibility and self-esteem.

5. To negotiate family contracts or educational plans that are measurable and realistic with built-in 6 month evaluations.

ORGANIZATIONAL FACTORS AFFECTING WORKSHOP SUCCESS:

1. Time factors. The workshop curriculum is divided into three distinct sessions. These sessions are best presented on separate nights, one week apart, which will allow time for the participants to reflect on the material presented and to complete homework assignments in preparation for the succeeding sessions. Workshop leaders should start and end the workshop sessions in a timely fashion, allowing individuals who have questions to remain behind for explanations.

2. Setting. The setting for the workshop sessions should provide privacy and freedom from noise. The setting should be informal, preferably with a circle arrangement. The leaders should not stand, but should sit with the participants to dramatize the point that workshop leaders are parents as are the participants, and that everyone present is involved in an exercise in improving our mutual effectiveness in helping our children feel better about their sexuality and to take the responsibility for their sexual functioning.

3. Group size. Workshops are designed for no less than 10 participants and no more than 20 participants. It is to be an intimate, informal experience in learning and sharing.

4. Group composition. Participation in the workshop is not limited. The leaders do encourage that both parents participate when possible. Participation by males is strongly recommended, since the double standard is such a strong factor in sexual functioning of youth in this society. Participation by both parents serves to enhance sexuality education in the home. Our program recognizes this and hopes to increase total parent participation by offering a reduced rate for couples.

5. Participation of adolescents. It is not recommended that adolescents participate in Sessions I and II. The purpose of the workshop is to motivate parents. The participation of adolescents would tend to defeat our goal of encouraging parents to become the primary sex educators of their children. If parents wish to involve their children in the third and final session of the workshop, that is acceptable.

6. Target population. Since the goal of the workshop is to prevent inappropriate teen pregnancy, it is obvious that the primary target population is parents of very young children, since open and honest relationships on such taboo subjects as sexuality is most easily developed when the child is very young. The workshop is also quite relevant to parents of adolescents and sexually active teenagers, because it offers the opportunity to share experiences and to discuss techniques and strategies for teaching young people responsibility and facts about sexuality. Adults of all ages can benefit from participation in the workshop since adults of a variety of ages can have significant impact on the sexuality education of youngsters with whom they come in contact.

7. Materials and equipment required. Audio-visual equipment should include, at a minimum, an overhead projector, a 16 mm sound projector and a blackboard and chalk. The workshop handbook, pencils and educational resources are also a necessity. The workshop leader is encouraged to have all these materials organized and prepared well in advance of the opening of the first session.

8. Registration. It is important that registration activities be completed prior to the opening of the first session. All participants should be registered in advance and receive their workshop packets.

9. Cost. Cost of the workshop is $10.00 per participant and $15.00 for couples. The reason for this charge is twofold. a) Individuals who make a financial commitment in advance are more likely to complete the workshop. b) By making a token payment, which only pays a share of the cost for the workshop, the individual is acknowledging that there is value in participating. This is a very important psychological aspect of the workshop and should not be overlooked in generating effective compliance with workshop goals and guidelines.

SEXUALITY EDUCATION: THE PARENT'S RESPONSIBILITY
SESSION I—WHY TEACH SEX EDUCATION?

I. Introduction

A. Statement of Purpose: As Session I of the workshop opens, one of the two leaders will introduce him/herself and immediately give to the participants the following statement of purpose:

"We are here tonight to help each other to become better sexuality educators for our children. Our children learn about sex from a variety of sources; friends, literature, school and from some places we'd rather they didn't receive sexual information. Unfortunately, we as parents have not aggressively worked to become the primary sex educators of our children. We have a set pattern of allowing our children to learn about sex from other people and at the same time learn other people's values and ethics as they relate to sexual function. We firmly believe that families who talk openly and honestly with their children about sexuality and teach them responsibility and values have a better opportunity for helping their children to make good decisions—responsible decisions about sexuality. Preliminary research shows that in such families, children tend to adopt their parents' sexual values. They tend not to be involved in teen pregnancy and, perhaps most importantly, they tend to delay their first sexual activity. These are goals that all of us want for our children. In this workshop, we will be learning about techniques and strategies that can help us to achieve these goals with our children. After all, if our children can talk to us openly and honestly about questions that relate to sexuality, then there is no subject that we cannot learn to talk about with them.

Our capacity to help them solve their problems in growing up is increased in this way. No subject is taboo in this workshop. Anything you want to ask we'll be happy to talk about, openly and honestly. We don't have all the answers . . . we're not experts . . . but we do have access to resources, and together we will find the answers. Let's begin by completing an exercise that will help us know more about what you would like to get from this workshop."

B. Pre & Post Test: At this time the attached pre & post test is distributed to all participants. They are instructed to complete the form by indicating their identification number which is included with their workshop packet. They are to indicate where the workshop is located, the date and their sex and age. The first form on the pre & post is a collection of sociodemographic data such as: the occupation of parents, the yearly household income, the educational level attained, the number and ages of children and the participants race. The material collected on this form is utilized by the project researchers to develop baseline data about participants in the workshop so this data may be compared with the outcome of the other evaluation tools over the term of the project. The second page of the pre & post test is made up of a subjective evaluation of the participant's comfort level with the thirteen topical areas to be covered during the workshop on human sexuality. This form will be completed again at the end of the workshop in order to indicate the participant's view of how the workshop has helped him to feel more comfortable with the subject matter. The third page of the pre & post test is the 10 True & False questions designed to measure objectively

the participant's knowledge base on human sexuality prior to the workshop and at the completion of the workshop. The participants should be advised that this material will not be reviewed by the workshop leaders but is being used for national research in the effort to reduce teen pregnancy.

II. Icebreaker

It is recommended that the following icebreaker be used at the beginning of the first session. It has proven effective in setting the mood for an appropriate learning experience.

One of the leaders should tell the participants the following:

"Before we get started, maybe it's important that we learn a little about each other. Let's begin by sharing our name and three nice things about ourselves. I'll begin."

The last person to participate in this icebreaker should be the other workshop leader, with the purpose being to create, by his or her statement of three nice things, vulnerability to make the point that in this workshop it is O.K. to share personal experiences and be vulnerable with parents on the subject of sexuality. This exercise can be utilized by the leaders to identify persons in the workshop who are most likely to actively participate and those who have low self-esteem and need to be drawn into the discussions with small successes.

III. Why Teach Sex Education?

A. *Teen Sexuality Test* (10 minutes to take test, 45 minutes total with discussion.)

The Teen Sexuality Test has been developed as an educational tool to assist parents in understanding the severity of the problem of teen pregnancy in America and Southeast Missouri.

The purpose of giving this test is to convince the parents that teen pregnancy is a local problem that is not limited to low income people or people of different ethnic background. At the end of the test discussion, all the participants should be motivated to learn more about how to prevent inappropriate teen pregnancy. The copy of the test is provided as an attachment. After the test is completed, the leaders take turns in leading a discussion on the answers to each of the questions.

B. *Everyone is a Sex Educator*

This exercise, which is attached, is designed to convince participants that regardless of our attitudes toward sexuality education, we are all acting as sex educators in our lives. It is not a question of whether we will teach sex education to our children, but whether we will do it effectively and with some conscious effort in order to make sure the educational experience is a positive one, based on facts and with good self-esteem. During the exercise, the participants are broken up into small groups who discuss the various examples. They choose a leader to report to the larger groups just what they feel the impact of this particular example might have been on the child involved. Invariably, participants will bring up similar examples from their own experience. This is to be encouraged, since it initiates the process of group resolution of problems associated with sexuality education in the home.

BREAK –

At this time a 10 minute break is declared. Leaders encourage participants to use this break to examine some of the resource materials and booklets which are on display at the workshop.

IV. Why Parents Avoid Sexuality Education

A. Sexuality Communication Questionaire

This short questionaire is given to the participants with instructions that they complete it in the privacy of their own home with their spouse prior to the second session of the workshop. The purpose of this form is to help parents recall their own experience as adolescents in finding out about sexuality. We want them to be able to have a better understanding of what children go through in a sexual society that is not open to honest discussion about sexual questions. By understanding their own negative experience on sexuality education they will be better able to relate to the material in Session II which provides detailed information about sexual functioning and information.

B. Barriers to Communication

Barriers to communication are most often categorized as inexperience, embarrassment, and misconceptions associated with the transfer of sexuality information. The leaders will direct the group's discussion toward an examination of each of these excuses for not giving sexuality information. The leaders will point out that all of us were inexperienced with regard to sexuality education because few of us had parents who provided a role model for distribution of sexual information. Embarrassment is addressed through a discussion of the fact that it is not necessary for the parent to be comfortable with the subject. In fact, it may improve the quality of conversation with the youngster for the child to know talking about this subject is difficult for the parent, but because the parent feels love and concern for the child, it is a subject they must

discuss openly and honestly. Misconceptions with regard to sexuality education include such factors as the parent's belief that they must be an expert or the fear they can tell a child too much and cause the child to begin experimenting with sexual activity. Other parents feel that you should wait until the child asks. This section of the workshop is designed to allow the participants to reach the conclusion that there are no excuses that are valid when it comes to sexuality education. Children learn about sexuality in our society, but most often they learn misinformation or incomplete information and too often they receive that information from people who don't share their parent's moral or ethical values about sexual functioning. The leaders should emphasize regardless of how difficult it is, it's the parent responsibility to be the role model for children's sexual education.

V. 4 Point Strategy to Effective Communication

The Parent Sexuality Education Workshop is based upon this 4 Point Strategy. The 4 Point Strategy of teaching children facts, values, expectations and responsibilities and self-esteem. This portion of the workshop should be a discussion with the participants following this basic presentation on the 4 Point Strategy. We believe that parents who talk to their children openly and honestly about sexuality, tell them the truth and who tell them what they believe and what they stand for are more likely to have children who adopt their parent's values, who delay their sexual activities and who tend not to be involved in teenage pregnancy.

We've broken this strategy down into four simple components. We'll discuss each of them briefly.

1. FACTS: We believe that children deserve to have the facts in answer to their questions about sexuality. In this society we tend to go out of our way to keep from giving children information about sexuality, in spite of the fact that peer pressure, literature, media and other people in our communities are actively involved in transferring a variety of sexual information to children every day. Much of that information is incorrect, much of it is only partially correct. If children are to make good decisions as adults about things such as refrigerators or cars, they need to have the best available information and advice about how to comparison shop, how to look into consideration of options and performance. In other words, we want our children to make economic decisions that are wise and just and responsible. But in the sexual arena, we go out of our way not to give children information and yet, the decisions they make about their sexual functioning are more important than the economic decisions and they, too, need to be based on honesty, wisdom, justice and responsibility. If our children are to make such decisions, they need to have the facts; even when the facts are not pleasing to us as parents. Throughout the workshop we will insist that children deserve to have facts in answer to their questions. This practice will keep them coming to their parents as a source of knowledge in all areas of their lives.

2. VALUES: Many decisions about human sexual functioning require more than facts if we're to make the right decision because sexuality often involves ethics, morality and integrity. These are values and children have to learn values. If we want our children to make good decisions, then

we need to give them facts, but we also need to let them know about a set of values that we believe in and that we know will help our children make good decisions that are rewarding and responsible. The schools and other institutions in the community can effectively transfer knowledge, but it's very difficult for them to transfer values. Parents, on the other hand, have the primary responsibility for teaching values to children. This second component of the 4-Point Strategy is to make sure that children get not only the facts, but how parents believe the facts should be applied and what they stand for, believe in and value regarding sexuality.

3. EXPECTATIONS AND RESPONSIBILITIES: Children should learn early that in the sexual arena, just as in any other facet of their lives, they have to be responsible. They should know that anything they do will have consequences and that they are responsible for the actions. In America, 85% of the boys who get girls pregnant, eventually abandon the girl. That is a reflection of a lack of responsibility. It means that young men are not willing and are not trying to make decisions in advance about the consequences of their actions and then make responsible decisions relative to those actions. If we expect our young people to exhibit this kind of responsibility, we must tell them, in no uncertain terms, what we expect of them and what their responsibilities are. From a very early age, we must insist they pay the consequences for their actions and accept responsibility for what they do.

4. SELF-ESTEEM: There seem to be two common characteristics of children who get pregnant

early. They are limited sexual knowledge and low self-esteem. Logically, if we can help children to feel better about themselves and their bodies and help them to set realistic life goals, they will be less likely to jeopardize their own goals and their own respect for themselves and their bodies by being involved inappropriately in teen pregnancy. The second fact of self-esteem development deals with the fact that in our society, sex is considered dirty or bad. Quite to the contrary, sex is a beautiful and important part of the human experience. It is only the way we look at sexuality that makes it dirty. As parents, we must help our children to have a positive attitude toward themselves and their bodies. They must have a positive attitude toward individuals of the opposite sex. Young people who learn about sex in an environment that is positive are more likely to pride themselves on that aspect of their experience and be responsible in how they use their sexuality.

At this time the leaders will tell the participants:

"This, then, is our 4-Point Strategy. Throughout this workshop, we will be discussing techniques and strategies for teaching children about sexuality by using this plan. Whatever the question their child might ask, we feel that it can be most effectively answered by making sure that, first of all, we answer it honestly and completely. We must be sure to let the child know how we feel about it. We must let the child know what our expectations are and what his responsibilities are. Finally, we must give all this information in a way that makes the child feel good about himself. Now that you know our 4 Point Strategy, do you have some ideas about how we can begin to talk about using this strategy to answer some of the questions that your children have asked that you found difficult to answer?" The participants should be advised that later in the

workshop, we will be asking them to give examples of how difficult questions about sexuality could be dealt with according to this 4-point strategy. At this point, the leaders will hand out a list of questions by 5th and 6th graders from the local community regarding sexuality. The participants are requested to take this list of questions home and examine in their own minds how they would have answered those questions using the 4-point strategy, had it been their own child asking the question.

IV. Outline of next two sessions

The leaders will hand out the curriculum outline for the next sessions which includes the 13 sexual topics about which every child should know. Most of the questions parents have about teaching children sexuality are covered within this 13 topic area. By handing this form out at the end of the first sessions, it helps the participants know that their own concerns are going to be dealt with in some detail in the second session. They are encouraged to develop in their own minds a list of questions they would most like to have answered for presentation at the second session.

SEXUALITY EDUCATION: THE PARENT'S RESPONSIBILITY
SESSION II – COMMUNICATION SEXUALITY

I. Introduction

A. Statement of Purpose: As Session II of the workshop opens, one of the leaders will give the following statement of purpose:

"The purpose of tonight's discussion is to provide basic facts that children need to know about sexuality, to explore myths, and to stress the proper terminology that should be used with children about sexuality and to provide a variety of educational resources that can be used by the parent in the home. During tonight's session we will be discussing sexuality in a variety of areas and we will be using the proper names for sexual body parts and functioning. You are encouraged to ask any questions about any of these topics which you feel are appropriate. Those we cannot answer we will assist you in finding the answers to.

II. Warm-up exercises

The warm-up exercises here are designed to set the mood for an intimate discussion of sexual functioning in a wholesome and appropriate atmosphere to make the point, by example, that the family can discuss sexuality as a family unit with dignity and in a wholesome nature without embarrassment, just as they would discuss any other subject.

A. When should Sex Education begin?

1. Role play of toddler questions: At this time the leaders will lead a discussion by demonstrating typical questions asked by very young children about sexuality and humorous ways we parents often answer, or fail to answer, these

questions. The purpose of this role playing discussion is to help parents feel comfortable with the idea of talking about sex in general.

B. How to handle 4-letter words

During this brief discussion the leaders will demonstrate effective ways to deal with young children and their use of 4 letter words. The technique to be utilized is to simply repeat the word and ask the child if they know what it means. Then tell the child what the word means and they, as parents, do not approve of that word. Parents should then give them other words they may use as substitutes. In this example the leaders are careful not to present the information in an accusatory way but rather to use the 4 point strategy in conveying methods by which to handle these situations.

III. Talking to Teens About Sex
(Handout for discussion)

This exercise is designed to provide parents with some guidelines that will help them in beginning a conversation with children about sexuality. It helps them to better understand the indications that a child, especially teenagers, need information, about sexual subjects. The handout is for use and review at home following the second session.

IV. What every child should know about sex

The 13 topics included in this session are topics that every child should know about. When our nurses talk to young people in the schools they find that children of very young ages ask very explicit questions about the subject matter of this list. Invariably, they find it difficult to get information on the subjects from adults and, in particular, from parents. The purpose of our discussion of these topics is to go

over the kinds of information the children should receive and talk about some techniques for transferring that information.

The outline for each of the subjects is provided in the workshop packet but should be used by the participants as a reference guide since the workshop leaders will be covering the information in the packets as well as additional information under each of these topics. The leaders should encourage active participation in the discussion by participants. Invariably, this second night of the workshop involves a good deal of sharing of personal experiences by parents of adolescents on many of these subject areas. The leaders should be aware that participants may vary in their beliefs about sharing information about these topics, since many of the topics are controversial. Workshop leaders are not to share their values on any of these topics but to encourage parents to understand that their values are what are most important and are the values that should be shared with their children. If we find individuals who do not accept the facts outlined in the curriculum, we tell them simply that children have to live in a real world. If we give them only the facts that we like, our children will find out soon enough that their parents did not deal with them honestly on these subjects. We feel that it is much better to share the facts, even if you don't agree. Then you can tell the child that you do not agree with the facts or that your values do not support those facts.

Participants should be encouraged to give examples of how they would discuss these topics using the 4 Point Strategy.

SEXUALITY EDUCATION:
THE PARENT'S RESPONSIBILITY

SESSION III – BUILDING SELF-ESTEEM

I. Introduction

A. Statement of Purpose: As Session III of the workshop begins one of the workshop leaders will make the following statement of purpose:

"The purpose of tonight's session is to help parents provide sexuality education in ways that build self-esteem."

II. Film and Discussion

A. Film: 'A Family Talks About Sex'
Produced by Wexler Films
Distributed by Perennial Education, Inc.
477 Roger Williams
P.O. Box 855 Ravinia
Highland Park, IL 60035

'A Family Talks About Sex' offers a variety of responses to sexuality education. It gives examples of how families like you and I might respond to the young person's questions about sexual issues. But more importantly it helps us see parents transferring sexuality information in a way that helps children feel good about themselves and their bodies, in a way that teaches them responsibility. If you watch carefully, you will see the parents depicted in this film transferring information to their children in accordance with the 4-point strategy. In almost every instance they talk about the facts, their values, what their responsibility to the child is and this is all done in a way that helps the child feel good about him/herself. Adequate time for discussion of the techniques depicted in the film and the self-esteem development should be allowed following the film.

III. Participant questions: Applying the 4-point strategy

At this time, immediately after the discussion of the film, it is appropriate to ask the participants to contribute questions anonymously that they would most like to have answered about sexuality. The workshop leaders will then lead a discussion of how these questions might best be answered, using the 4-point strategy. Gradually, the participants will be pulled into this example of using the strategy.

IV. Post Test

During this period, the participants will once again take the 10 questions True & False test and, once again, they will complete the subjective evaluation of their comfort level with regard to the 13 topical areas of Session II. These will be completed and submitted for review by the project research team.

V. Defining goals and action steps

At this point, the workshop leader should explain just exactly what is expected of the participants.

In the workshop we attempt to motivate people to become the primary sexuality educators of their children. We ask them to give consideration to the use of a 4-point strategy which combines facts with values, responsibility and self-esteem. All of these things, of course, are aimed at improving children's sexual knowledge and improving their self-esteem as tools to assist them in delaying sexual activity and preventing inappropriate teen pregnancy. If we are to be successful, we must ask the participants to aggressively adopt a plan of action or make a contract with themselves to outline, in measurable terms, exactly how they are going to use the knowledge gained in the workshop to improve communication and education with their own children. At this point the

forms are handed out and the participants are asked to complete what they plan to do about sexuality education in their own family, state when they will begin and to outline their specific goals for sexual communication within the family over the next 6 months. This is a two part form. One part is kept by the participant, and the other copy is returned to the workshop leader. Participants are advised that the leaders will contact them after 6 months to find out how well they did in achieving their goals. The leaders also offer additional resources or assistance throughout the 6 month period at the request of the participant. If the appropriate environment and relationships have been established, participants should, routinely, avail themselves of these resource materials during this 6 month trial period.

VI. Workshop evaluation

At the conclusion of Session III the workshop evaluation forms are given to the participants for completion.

This concludes the Parent Sexuality Education Workshop.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of the Assistant Secretary for Health
Washington DC 20201

Ms. Elizabeth West
Catholic Charities of Arlington
3838 N. Cathedral Lane
Arlington, Virginia 22203

Dear Ms. West:

I regret that I am unable to approve your request for continued support from the Office of Adolescent Pregnancy Programs.

As you will note, among the grant conditions you agreed to for the period from October 1, 1984 to September 30, 1985, is a condition which provides, "The program shall be designed so as to be, to the extent possible, accessible to the public generally." It has been the consistent position of this Office, from the inception of the Title XX program, that grantees, irrespective of their religious affiliation, are obliged to design and operate their projects so as to the greatest extent practicable involve the community generally. It was to clarify this position that the above referred to grant condition was added in 1984. As you know, our Office has, for some time now, been dissatisfied with the efforts you have been making toward that end.

Among other things, we have concluded that your attempts at contacting and involving community groups have been inadequate as have been your attempts to follow-up those contacts you did make. Furthermore, the structure and physical location of your programs have not been designed so as to attract outside community members. As a result your program has not been made

sufficiently available to a cross-section of the community to be served.

While we understand that you have begun some efforts in the past week to broaden the scope of your program, such efforts should have been made long ago.

Accordingly, as stated above, we are hereby disapproving your request for a continuation grant.

This decision is appealable under the Department Grant Appeals process as cited in 45 CFR Part 60. You will receive an award of $2,000 to assist you in the close-out of the AFL program.

Sincerely,

/s/ JO ANN GASPER
Jo Ann Gasper
Deputy Assistant Secretary
for Population Affairs

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFF,

v.

OTIS R. BOWEN, M.D.,
SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEFENDANT,

AND

SAMMIE J. BRADLEY, ET AL., DEFENDANT-INTERVENORS.

DECLARATION OF JO ANN GASPER

Jo Ann Gasper declares and states as follows:

1. I am the Deputy Assistant Secretary for Population Affairs of the Department of Health and Human Services. I have the delegated authority for administering the program of demonstration grants authorized by Title XX of the Public Health Service Act, 42 U.S.C. 300z, *et seq*. By virtue of my position, I supervise the project officers and other staff who carry out the program's operations. I also have custody and control of the grant files under the program. The information below is provided in response to this Court's order dated May 8, 1987, and the Court's requests for information at the hearing of May 7, 1987.

2. Attached at Tab A is a list of past and present Title XX demonstration grantees, the amounts of Title XX funding awarded to each by fiscal year (FY) through FY 1986, and the number of clients served, by project, according to data supplied to our office by the grantees. Although the majority of present demonstration projects end at the end of this fiscal year, the projected funding for next year for those whose project periods continue beyond

September, 1987, is also set out.[1] The commencement of funding for each project is indicated by the earliest FY column in which a dollar amount appears; the conclusion of funding for those projects which have ended is indicated by "0" in a column.[2]

3. Attached at Tab B is a listing of the amount of FY 1986 funds which, according to our estimate, remain to be drawn down by the 23 grantees whose funds we have stopped pursuant to this Court's order of April 15. Also included is our estimate of the number of clients served by those projects who we estimate are affected by the stoppage of funds. In my view, the dollar amounts set out at Tab B seriously understate the economic impact of the Court's April 15th order. The timing of the order is such that grantees in their final year of funding will not be able to complete their statutorily mandated evaluations. Since Title XX is a demonstration program, the purpose of which is to gain knowledge about different approaches to dealing with the problems of teenage sexual activity and adolescent pregnancy and parenting, loss of the evaluations means that much of the benefit expected to arise from, in the usual case, five years of funding will be lost.

4. My office does not require grantees to report the information about subgrant and subcontract arrangements which the Court's May 8th order requires us to provide. Accordingly, I directed my staff to telephone each current and past Title XX demonstration grantee to ascertain their

[1] See the column "Projected FY 87 Awards." Aside from these amounts, I am unable to provide a list of future grantees or the amounts of future grant awards, as the current grant award cycle is currently in process.

[2] Funding for all projects commences on October 1 of each year of funding; funding for each project that has terminated has generally ended as of September 30 of the first year in which a zero is shown. However, in a few cases, limited phase-out funding for a period of several months has been provided.

past, present and future subgrant and subcontract arrangements and the amount of such subgrants and subcontracts. Attached at Tab C is a summary of the information provided by the grantees to my staff by telephone. It should be noted that my staff was unable to contact all present grantees in the time available; I will supplement with the additional information as soon as I receive it. We also were unable to obtain the required information from most grantees whose grants have expired, either because they are no longer in existence or they were unwilling to provide the information.

5. All subgrantees are bound by the statute and the applicable regulations at 45 CFR Part 74 governing the administration of grants. In addition, a subgrantee is bound by other terms and conditions of the grant, to the extent such terms and conditions are not solely limited to the grantee's operations. A list of the standard terms and conditions applicable to demonstration grants for each fiscal year is attached at Tab D. (To the best of my knowledge, any project-specific conditions that have been attached to grants have not been applicable to subgrantees.) In addition, a copy of the Public Health Service Grants Policy Statement is attached at Tab E. Finally, following the Court order of April 15, my staff instructed grantees not to fund subgrantees who are religious organizations until further notice.

6. During the course of their telephone calls to grantees, my staff was informed by several grantees of their concerns regarding their ability to operate as a result of the Court's order of April 15. Since I consider their concerns to bear on our pending motions for stay and clarification, I asked that we obtain statements from those grantees (Southern Tier Office of Social Ministry, Elmira, New York; Young Families Program, Inc., Billings, Montana; and Catholic Family Service, Fargo, North Dakota). The statement from Catholic Family Service is attached at Tab

F. It is my understanding that statements from Southern Tier and the Young Families Program are en route to the Department, and I will supplement this declaration with those statements as soon as they are received.

I declare under penalty of perjury that the above statements are true and correct. Executed this 12th day of May, 1987 at Washington, D.C.

/s/ JO ANN GASPER

Jo Ann Gasper

AFL DEMONSTRATION PROJECTS FUNDED

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
CARE PROJECTS:									
101	Family Service Agency, CA	$214,745	$264,290	$337,025	$337,025	$337,025	$1,490,110	$0	1,274
102	Louisiana DHHS, (BatonRouge) LA	NOTE C	57,608	102,000	120,000	120,000	399,608	0	Note C
103	Visiting Nurses Assn. NH	49,217	64,285	77,143	90,000	90,000	370,645	0	200
104	Wayne County Sch. Dist. MI	76,560	100,000	120,000	140,000	140,000	576,560	0	630
105	St. Ann's Inf & Mat. MD	104,683	136,734	171,428	235,000	200,000	847,845	0	1,121
106	SUMA, OH	0	0	180,000	160,000	185,600	525,600	0	0
107	Parent/Child Dev Sys, GA	68,357	85,714	100,000	101,500		355,571	57,142	1,067
108	La Clinica de Familia, NM	109,429	85,106	125,000	125,000		444,535	86,640	120
109	Dept of PubHlth/Soc Sys, Guam	97,600	113,318	80,000	80,000		370,918	81,588	276
110	Father Flanagan's Boys-Home, NB	0	112,072	135,150	135,150		382,372	0	0
111	YWCA, OR	134,836	165,248	183,281	183,281		666,646	113,092	311
112	Young Families Prog, MT	64,849	62,414	62,414			189,677	49,938	98
113	Caguas Regional Hosp. PR	139,510	163,756	129,000			432,266	121,482	113
114	Exch. Club Parent/Child Ctr, MS	34,302	42,692	40,817			117,811	29,869	24
115	Sisters of Charity HlthSys, ME	176,231	214,840	145,000			536,071	153,458	360
116	Salvation Army Mat. Home, OK	20,734	136,430	145,744			302,908	0	6
117	Community Hlth Clinics, ID	149,321	156,030				305,351	133,740	156

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
CARE PROJECTS:									
118	Univ of Illinois (Urbana), IL	99,379	92,032				191,411	41,971	50
119	Our Lady Prov Children's Ctr, MA	210,965	209,523				420,488	188,952	247
120	Florence Crittenton H/Hosp, SC	168,606	172,593				341,199	75,101	139
121	Rhode Island Dept Human Sys, RI	143,550	150,000				293,550	128,572	120
122	LA State Off (Baton Rouge), LA	65,076	NOTE C				65,076	0	427
123	N. Counties Hlth Cntrs, VT	145,791					145,791	145,791	New Proj
124	Child Saving Institute, NE	112,729					112,729	112,729	200
125	Child/Family Sys Knox Co., TN	221,366					221,366	221,366	205
126	Catholic Char of Fargo, ND	224,747					224,747	224,747	New Proj
127	Panhandle Comm. Sys., NB	79,438					79,438	79,438	New Proj
702	St. Paul-Ramsey Med Ctr, MN	160,776	210,000	252,000	291,626	284,000	1,198,402	0	78
703	Cities in Schools, GA	288,145	340,000	408,000	473,540	380,000	1,889,685	0	951
706	Providence Amb. Hlth CareFdn, RI	100,294	131,000	144,000	138,000	138,000	651,294	0	444
710	Univ of Utah, UT	108,092	144,167	173,000	175,000	165,000	765,259	0	778

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
CARE PROJECTS:									
803	Manpower Demo Research, NY	0	180,000	136,023	236,000		552,023	0	0
806	Adoption Sys of WACAP, WA	266,592	291,250	325,000			882,842	232,143	486
807	Covenant House, NY	269,386	409,029	350,000			1,028,415	292,164	425
809	Univ of Texas Hlth Sci Ctr, TX	326,894	470,700	371,000			1,168,594	341,572	1,438
810	Bank St. College of Ed, NY	238,870	273,000	300,000			811,870	0	218
811	Catholic Charities USA, DC	302,204	315,783				617,987	270,671	450
813	Utah State Univ, UT	142,083	148,467				290,550	127,257	135
PREVENTION PROJECTS:									
301	Galludet College, DC	0	43,430	86,000	100,000	100,000	329,430	0	90
302	Mt. Vernon Public Sch, NY	95,869	116,486	98,000	100,000	100,000	510,355	0	4,686
303	Univ. of South Carolina, SC	50,707	66,961	67,224	25,000	50,000	259,892	0	6,600
304	Lutheran Family Services, IA	0	0	0	28,700	29,043	57,743	0	0
305	Cath. Char., Arlington, VA	0	0	64,286	75,000	75,000	214,286	0	0
306	Brigham Young Univ. UT	101,919	133,123	157,969	185,423	185,423	763,857	0	1,152
307	Cath Soc Sv of Wayne Co, MI	42,876	41,334	73,600	85,000	85,000	327,810	0	2,824
308	DHHR, (New Orleans), LA	20,290	62,260	65,712	66,664	82,000	296,926	0	3,620
309	Minnesota Institute, MN	0	94,429	111,394	120,000	120,000	445,823	0	343
310	Community Hlth Clinics, ID	0	0	41,745	3,000	95,000	139,745	0	0
311	County Adol. of Berkshire, MA	0	0	75,436	77,775	70,000	223,211	0	0

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
CARE PROJECTS:									
312	Emory Univ., GA	69,986	81,435	100,696	99,971		352,088	0	6,496
313	Medical Care Dev., ME	83,295	101,544	101,544			286,383	0	116
314	Margaret Hudson Prog., OK	54,894	66,920	66,920			188,734	47,800	44
315	Montana State Univ., MT	108,625	85,780	84,000			278,405	90,321	105
316	Guidance Center, PA NOTE A	55,001	71,987	76,000			202,988	0	498
317	Lutheran Fam. Sys. NW Indiana, IN	79,397	82,964				162,361	71,112	192
318	S Dakota Dept of Health, SD	94,303	98,540				192,843	84,463	600
319	YWCA Maricopa Co. AZ	73,474					73,474	73,474	New Proj
320	Gov. Off Fed/State Prog., MS	22,340					22,340	22,340	New Proj
321	N. Cen. Mental Hlth. Sv., OH	39,438					39,438	39,438	New Proj
322	Jackson State Univ, MS	57,542					57,542	57,542	New Proj
323	Milwaukee Comp Comm Hlth, WI	88,217					88,217	88,217	New Proj
705	SE Mo Assn of Pub Hlth Adm, MO	44,199	47,598	85,740	100,000	100,000	377,537	0	993
707	CEMP Counseling Sys Dept, PA	0	0	NOTE A	88,734	120,000	208,734	0	0
709	Univ of Arkansas, AR	0	0	0	0	55,000	55,000	0	0
801	Search Institute, MN	236,988	208,099	318,527	318,527		1,082,141	175,720	2,159

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
PREVENTION PROJECTS:									
802	COSSMHO, DC	281,888	353,464	395,985	395,985		1,427,322	235,643	490
804	Family of the Americas, LA	239,250	300,000	350,000	350,000		1,239,250	0	2,075
805	National Urban League, NY	97,205	193,574	201,785			492,564	0	100
808	Southern Tier Off. Soc. Min., NY	164,989	275,000	275,000			714,989	196,429	564
812	Amer Assoc Counsel/ Devel, VA	152,428	100,432				252,860	140,076	4,000
814	American Red Cross, DC	164,437	174,960				339,397	149,966	1,890
815	Boys Clubs of America, NY	155,112	162,081				317,193	138,936	125
816	Comm. on Status of Women, IL	132,510	101,901				234,411	87,344	754
COMBINATION PROJECTS:									
501	Greene Cty Hlth Care, NC	103,901	135,715	145,000	190,000	190,000	764,616	0	1,539
502	Family Hospital, WI	139,722	182,501	219,000	208,305	255,000	1,004,528	0	977
503	Lexington-Fayette CHD, KY	99,528	130,000	150,000	145,000	125,000	649,528	0	277
504	Hull House Assn, IL	143,965	180,543	190,000	186,466	225,000	925,974	0	173
505	Economic Opportunity, FL	80,746	38,146	72,857	85,000	85,000	361,749	0	395
506	Tacoma-Pierce Cty HD, WA	124,940	111,172	186,000	217,000	205,000	844,112	0	926
507	State of Hawaii, HA	107,271	96,900	129,000	60,000	200,000	593,171	0	737

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
COMBINATION PROJECTS:									
508	E. Conn Par/Child Res, CN	71,567	100,629	175,424	195,000	195,000	737,620	0	773
509	YWCA of St. Petersburg, FL	51,678	67,500	69,000	70,000	70,000	328,178	0	592
510	City of Gary-Emerg Ref Sv, IN	54,297	12,833	85,105	99,289	100,000	351,524	0	131
511	Tucson Unified Sch Dist, AZ	132,660	160,370	207,929	225,000	225,000	950,959	0	5,336
512	Maternal & Family Hlth Sys, PA	87,661	114,500	129,000	150,000	150,000	631,161	0	617
513	Douglas Cherokee Econ Auth, TN	151,980	131,406	257,143	300,000	361,000	1,201,529	0	3,996
514	Catholic Fam Sys (Amarillo), TX	104,672	203,875	214,000	250,000	250,957	1,023,504	0	4,400
515	Hill Health, CN	124,608	20,000	131,527	139,938	165,000	581,073	0	32
516	Child Opportunity Prog, CD	100,863	184,286	221,143	273,000	258,000	1,037,292	0	4,563
517	Lyon County HD, KS	32,984	60,603	71,000	82,000	82,000	328,587	0	271
518	Discovery Room for Children, NY	0	0	0	100,000	175,000	275,000	0	0
519	St. Mary Hlth Dev Ctr, SC	137,170	161,904	215,000	250,000	300,000	1,064,074	0	584
520	Norfolk State Univ, VA	89,343	91,478	155,000	165,000	150,000	650,821	0	704
521	Addison Co P/C Ctr, VT	109,098	142,500	171,000	140,718	140,718	704,034	0	421
522	Camden Co Dept of Hlth, NH	205,451	290,531	360,000	420,000	420,000	1,695,982	0	12,813
701	C. Henderson Child Hlth Ctr, AL	173,502	226,622	271,947	287,000	298,000	1,257,071	0	1,166
704	Memorial General Hosp, WV	0	171,300	219,000	255,000	215,000	860,300	0	0

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards	Clients Served 1985-86
COMBINATION PROJECTS:									
708	St. Mary's Hospital, MD	0	0	144,097	155,000	180,000	479,097	0	0
711	St. Margaret's Hospital, MA	223,952	292,519	402,000	466,000	494,647	1,879,118	0	3,213
712	Youth Health Sys, WV (NOTE B)	139,722	17,200				156,922	0	2,687
	Total Demo Regular Awards	$10,640,826	$11,734,557	$12,061,263	$10,251,106	$8,756,868	$53,444,620	$5,008,244	100,346
	Supplemental Awards	72,991	152,859	20,497	104,511	64,545	415,403	0	
	Total for Fiscal Year	$10,713,817	$11,887,416	$12,081,760	$10,355,617	$8,821,413	$53,860,023	$5,008,244	

NOTES:

A-CEMP (#707) trans. to Guidance Ctr (#316)
B-MemGenHosp (#704) transferred $17,200 to Youth Hlth Sys (#713)
C-LA DHHS (#102) trans to LA State Off. (#122)

Television audience potential of 952,000

ADOLESCENT FAMILY LIFE PROGRAM

	Project Type	Initial Funding Year	Project Period	(FY 86) Funding Year	FY 86 Award	Amount Available 4/22/87		Clients Served *	Est. '87 Awards
PROJECTS CITED:									
St. Ann's Int & Mat, MD	Care	82	5	5	$ 104,683	$ 53,342		1,121	0
SUMA, OH	Care	82	3	0	0	0		0	0
Lutheran Family Sys, IA	Prev.	82	2	0	0	0		0	0
Catholic Char., VA	Prev.	82	2	0	0	0		0	0
Cath Soc Ser Wayne Co, MI	Prev.	82	5	5	42,876	27,391		2,824	0
DHHR (New Orleans) LA	Prev.	82	5	5	20,290	36,637	NOTE	3,620	0
Search Inst., MN	Prev.	83	5	4	236,988	125,441		2,159	$175,720
Family of Americas, LA	Prev.	83	4	4	239,250	50,550		2,075	0
State of Hawaii, HA	Comb C/P	82	5	5	107,271	86,666		737	0
Cath Fam Sys (Amarillo) TX	Comb C/P	82	5	5	104,672	123,991	NOTE	4,400	0
Lyon Co HD, KS	Comb C/P	82	5	5	32,984	40,806		271	0
Camden Co Dept Hlth,NJ	Comb C/P	82	5	5	205,451	214,190	NOTE	12,813	0
St. Margaret's Hosp., MA	Comb C/P	82	5	5	223,952	223,952		3,213	0
TOTAL CITED PROJECTS					$1,318,417	$982,966		33,233	$175,720

ADOLESCENT FAMILY LIFE PROGRAM – Continued

	Project Type	Initial Funding Year	Project Period	(FY 86) Funding Year	FY 86 Award	Amount Available 4/22/87	Clients Served •	Est. '87 Awards
RELIGIOUS AFFILIATED:								
YMCA, OR	Care	83	5	4	$134,836	$59,453	311	$113,092
Sisters Charity Hlth Sys,ME	Care	84	5	3	176,231	135,686	360	153,458
Our Lady Prov Children Ctr, MA	Care	85	3	2	210,965	147,207	247	188,952
Child Saving Inst., NE	Care	86	3	1	112,729	57,952	••	112,729
Catholic Char Fargo, ND	Care	86	3	1	224,747	84,158	••	224,747
Convenent House, NY	Care	84	5	3	269,386	269,386	425	292,164
Catholic Char. USA, DC	Care	85	3	2	302,204	260,803	450	270,671
Brigham Young Univ, UT	Prev.	82	5	5	101,919	101,919	1,152	0
Emory Univ, GA	Prev.	83	4	4	69,986	51,184	6,496	0
Lutheran Fam Sys NW Ind, IN	Prev.	85	3	2	79,397	58,640	192	71,112
YMCA Maricopa Co. AZ	Prev.	86	3	1	73,474	43,706	••	73,474
St. Tier Off Soc Min, NY	Prev.	84	5	3	164,989	122,989	564	196,428
YMCA St. Peterburg, FL	Comb C/P	82	5	5	51,678	25,678	592	0
TOTAL RELIGIOUS AFFILIATED					$1,972,541	$1,418,761	10,789	$1,696,827
TOTAL EFFECTED PROJECTS					$3,290,958	$2,401,727	44,022	$1,872,547

NOTE: Projects authorized to use uncommitted prior year funds

• Clients served 1985-86

•• First year projects – only estimated client counts available

NOTICE OF GRANT AWARD (Continuation Sheet)

REMARKS – Other Terms and Conditions

1. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the Public Health Service Act when such regulations are published.
2. Before a Project Director is hired or changed during the project period, the grantee shall obtain prior written concurrence from the Grants Management Officer, OPA, for the new staff member.
3. The grantee shall utilize program income in accordance with the alternative described in Code of Federal Regulations Title 45 Part 74 Subpart F.74.42(d).
4. The OAPP financial assistance includes funds for care activities only.
5. Sufficient funds shall be reserved from the approved budget for staff to attend two meetings held by the Office of Adolescent Pregnancy Programs.
6. A final progress report, evaluation report, and a Financial Status Report shall be provided within 90 days after the end of the approved Budget Period.
7. The grantee will not teach or promote religion in the AFL Title XX program. The program shall be designed so as to be, to the extent possible, accessible to the public generally.
8. No funds provided under this grant may be used for the provision of family planning services, including Natural Family Planning (other than counseling and referral services).

9. When the grantee proposes to develop informational, educational, or curriculum materials or any printed materials; i.e., public service announcements, media messages or other audio-visual material as part of the project, the grantee shall submit a draft, script, or storybook as appropriate to OAPP for approval. The grantee shall describe the proposed use in the program including the audience for which it is intended, an outline of the content, an estimate of the cost to develop and use, and methods for evaluating usefulness in the project. A copy of all final materials shall be submitted to OAPP.

10. Before utilizing existing curriculum materials, public service announcements, media messages or other audio-visual material in the project, the grantee shall obtain approval from OAPP. The request for approval shall include a current list of the materials being used, an indication of its use in the program including the audience for which it is intended, and methods for evaluating its value in the project.

11. Neither grant nor matching funds may be used for lobbying activities. OMB Circular A-122 states that costs associated with the following types of lobbying activities are unallowable when conducted in an attempt to influence the enactment of pending Federal legislation: i.e., communication with members or employees of Congress, urging members of the general public or particular groups to participate in a letter writing, telephone or lobbying campaign, and preparing, distributing or using publicity or propaganda.

12. Travel to out of state conferences and/or training sessions is limited to those sponsored by OAPP.

For FY 1984, 1985, 1986 (prevention)

NOTICE OF GRANT AWARD (Continuation Sheet)

REMARKS—Other Terms and Conditions

1. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the Public Health Service Act when such regulations are published.

2. Before a Project Director is hired or changed during the project period, the grantee shall obtain prior written concurrence from the Grants Management Officer, OPA, for the new staff member.

3. The grantee shall utilize program income in accordance with the alternative described in Code of Federal Regulations Title 45 Part 74 Subpart F.74.42(d).

4. The OAPP financial assistance includes funds for care activities only.

5. Sufficient funds shall be reserved from the approved budget for staff to attend two meetings held by the Office of Adolescent Pregnancy Programs.

6. A final progress report, evaluation report, and a Financial Status Report shall be provided within 90 days after the end of the approved Budget Period.

7. The grantee will not teach or promote religion in the AFL Title XX program. The program shall be designed so as to be, to the extent possible, accessible to the public generally.

8. No funds provided under this grant may be used for the provision of family planning services, including Natural Family Planning (other than counseling and referral services).

9. When the grantee proposes to develop informational, educational, or curriculum materials or any printed materials; i.e., public service announcements, media messages or other audio-visual material as part of the project, the grantee shall submit a draft, script, or storybook as appropriate to OAPP for approval. The grantee shall describe the proposed use in the program including the audience for which it is intended, an outline of the content, an estimate of the cost to develop and use, and methods for evaluating usefulness in the project. A copy of all final materials shall be submitted to OAPP.

10. Before utilizing existing curriculum materials, public service announcements, media messages or other audio-visual material in the project, the grantee shall obtain approval from OAPP. The request for approval shall include a current list of the materials being used, an indication of its use in the program including the audience for which it is intended, and methods for evaluating its value in the project.

11. Neither grant nor matching funds may be used for lobbying activities. OMB Circular A-122 states that costs associated with the following types of lobbying activities are unallowable when conducted in an attempt to influence the enactment of pending Federal legislation: i.e., communication with members or employees of Congress, urging members of the general public or particular groups to participate in a letter writing, telephone or lobbying campaign, and preparing, distributing or using publicity or propaganda.

12. Travel to out of state conferences and/or training sessions is limited to those sponsored by OAPP.

For FY 1984, 1985, 1986 (combinations)

NOTICE OF GRANT AWARD (Continuation Sheet)

REMARKS—Other Terms and Conditions

1. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the Public Health Service Act when such regulations are published.

2. Before a Project Director is hired or changed during the project period, the grantee shall obtain prior written concurrence from the Grants Management Officer, OPA, for the new staff member.

3. The grantee shall utilize program income in accordance with the alternative described in Code of Federal Regulations Title 45 Part 74 Subpart F.74.42(d).

4. The OAPP financial assistance includes $____ for "Care" portion of your project and $____ for the "Prevention" portion. Expenditures for "Prevention" activities to be charged to OAPP funds may not exceed funds provided for that activity.

5. Sufficient funds shall be reserved from the approved budget for staff to attend two meetings held by the Office of Adolescent Pregnancy Programs.

6. A final progress report, evaluation report, and a Financial Status Report shall be provided within 90 days after the end of the approved Budget Period.

7. The grantee will not teach or promote religion in the AFL Title XX program. The program shall be designed so as to be, to the extent possible, accessible to the public generally.

8. No funds provided under this grant may be used for the provision of family planning services, including Natural Family Planning (other than counseling and referral services).

9. When the grantee proposes to develop informational, educational, or curriculum materials or any printed materials; i.e., public service announcements, media messages or other audio-visual material as part of the project, the grantee shall submit a draft, script, or storybook as appropriate to OAPP for approval. The grantee shall describe the proposed use in the program including the audience for which it is intended, an outline of the content, an estimate of the cost to develop and use, and methods for evaluating usefulness in the project. A copy of all final materials shall be submitted to OAPP.

10. Before utilizing existing curriculum materials, public service announcements, media messages or other audio-visual material in the project, the grantee shall obtain approval from OAPP. The request for approval shall include a current list of the materials being used, an indication of its use in the program including the audience for which it is intended, and methods for evaluating its value in the project.

11. Neither grant nor matching funds may be used for lobbying activities. OMB Circular A-122 states that costs associated with the following types of lobbying activities are unallowable when conducted in an attempt to influence the enactment of pending Federal legislation: i.e., communication with members or

employees of Congress, urging members of the general public or particular groups to participate in a letter writing, telephone or lobbying campaign, and preparing, distributing or using publicity or propaganda.

12. Travel to out of state conferences and/or training sessions is limited to those sponsored by OAPP.

NOTICE OF GRANT AWARD (Continuation Sheet)

1. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the PHS Act when such final regulations are published.

2. The grantee shall submit to the awarding office, by 11/15/82 a revised budget, and, if applicable, a revised narrative description of the program, the work plan and timetable, and estimates of numbers and types of clients to be served.

3. The grantee shall submit to the awarding office, by 11/15/82, copies of all linkage agreements (including subcontracts) negotiated by the grantee with other service providers and shall submit to the awarding office any other linkage agreements negotiated during the project period as they are finalized. A linkage agreement might include but not be limited to the following: number of pregnant adolescents, non-pregnant adolescents, and infants to be served; specific services to be provided; plan for follow-up and follow-through; plan for documentation of services provided to each applicant; monetary value of and planned charges to the grantee for the services to be performed; method of payment; the date the services are to be started; and the duration and effective date of the agreement.

4. Before a Project Director is hired or changed during the project period, the grantee shall obtain prior written approval from the Grants Management Officer, OAPP for the new staff member.

5. The grantee shall utilize program income in accordance with the alternative described in Code of Federal Regulations Title 45 Part 74 Subpart 74.42(c).

6. The grantee shall submit for OAPP prior review and approval informational and educational materials, such as curricula, media spots, films, publications proposed to be used by the project. When the project proposes to develop such materials, the grantee shall submit a concept paper for clearance before proceeding further. Where additional Departmental clearances are required, OAPP staff will forward the relevant materials to the appropriate officials.

7. The grantee shall submit a plan by 12/1/82 for involving the community, including religious and charitable organizations, voluntary associations, and other groups in the private and public sectors, in the selection and development of information and educational materials such as curricula, media spots, films, publications, etc., prior to their use in the project to assure that these materials will be appropriate to the community and in conformance with the purposes of Title XX of the PHS Act.

8. The grantee shall obtain prior written approval from the Grants Management Officer, OAPP, before obligating, for any purposes, grant funds provided for alterations and renovations. Prior approval will be based on an acceptable description

(including a working drawing) of the space to be utilized, the alternations and renovations to be performed and three (3) cost estimates for the work to be performed.

NOTICE OF GRANT AWARD (Continuation Sheet)

1. OAPP financial assistance is provided for the "Care" portion of your application only.

2. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the PHS Act when such final regulations are published.

3. The grantee shall submit to the awarding office, by 11/15/82 a revised budget, and, if applicable, a revised narrative description of the program, the work plan and timetable, and estimates of numbers and types of clients to be served.

4. The grantee shall submit to the awarding office, by 11/15/82, copies of all linkage agreements (including subcontracts) negotiated by the grantee with other service providers and shall submit to the awarding office any other linkage agreements negotiated during the project period as they are finalized. A linkage agreement might include but not be limited to the following: number of pregnant adolescents, non-pregnant adolescents, and infants to be served; specific services to be provided; plan for followup and follow-through; plan for documentation of services provided to each applicant; monetary value of and planned charges to the grantee for the services to be performed; method of payment; the date the services are to be started; and the duration and effective date of the agreement.

5. Before a Project Director is hired or changed during the project period, the grantee shall obtain prior written approval from the Grants Management Officer, OAPP for the new staff member.

6. The grantee shall utilize program income in accordance with the alternative described in Code of Federal Regulations, Title 45 Part 74 Subpart 74.42(c).

7. The grantee shall submit for OAPP prior review and approval informational and educational materials, such as curricula, media spots, films, publications proposed to be used by the project. When the project proposes to develop such materials, the grantee shall submit a concept paper for clearance before proceeding further. Where additional Departmental clearances are required, OAPP staff will forward the relevant materials to the appropriate officials.

8. The grantee shall submit a plan by 12/1/82 for involving the community, including religious and charitable organizations, voluntary associations, and other groups in the private and public sectors, in the selection and development of information and educational materials such as curricula, media spots, films, publications, etc., prior to their use in the project to assure that these materials will be appropriate to the community and in conformance with the purpose of Title XX of the PHS Act.

NOTICE OF GRANT AWARD (Continuation Sheet)

1. The OAPP financial assistance includes $75,000 for the "Prevention" portion of your project and

$150,00 for the "Care" portion. Expenditures for "Prevention" activities to be charged to OAPP funds cannot exceed the $75,000 provided for that activity.

2. The grantee shall comply with the regulations applicable to demonstration grants under Title XX of the PHS Act when such final regulations are published.

3. The grantee shall submit to the awarding office, by 11/15/82 a revised budget, and, if applicable, a revised narrative description of the program, the work plan and timetable, and estimates of numbers and types of the clients to be served.

4. The grantee shall submit to the awarding office, by 11/15/82, copies of all linkage agreements (including subcontracts) negotiated by the grantee with other service providers and shall submit to the awarding office any other linkage agreements negotiated during the project period as they are finalized. A linkage agreement might include but not be limited to the following: number of pregnant adolescents, non-pregnant adolescents, and infants to be served; specific services to be provided; plan for follow-up and follow-through; plan for documentation of services provided to each applicant; monetary value of and planned charges to the grantee for the services to be performed; method of payment; the date the services are to be started; and the duration and effective date of the agreement.

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6. The grantee shall utilize program income in accordance with the alternative described in Code of Federal Regulations Title 45 Part 74 Subpart 74.42(c).

7. The grantee shall submit for OAPP prior review and approval informational and educational materials, such as curricula, media spots, films, publications proposed to be used by the project. When the project proposes to develop such materials, the grantee shall submit a concept paper for clearance before proceeding further. Where additional Department clearances are required, OAPP staff will forward the relevant materials to the appropriate officials.

8. The grantee shall submit a plan by 12/1/82 for involving the community, including religious and charitable organizations, voluntary associations, and other groups in the private and public sectors, in the selection and development of information and educational materials such as curricula, media spots, films, publications, etc., prior to their use in the project to assure that these materials will be appropriate to the community and in conformance with the purposes of Title XX of the PHS Act.

State of Florida
County of Pinellas

AFFIDAVIT

I, Peggy Sanchez, being first duly sworn, make the following statement upon personal knowledge:

1) Project H.E.L.P. is a comprehensive adolescent pregnancy program administered by the YWCA of St. Petersburg in conjunction with the Pinellas County School Board. Client population includes 250 pregnant and parenting adolescents, 180 infants, 125 families, 75 fathers of babies, and over 3,000 youth and adults that participate in community education programs. The total directly affected by this program include more than 3,630 individuals.

(See attached description of the program.)

2) If the funding is withheld, the following will immediately result:

A. Layoff of four staff members.

1. Position of Maintenance/Van Driver.

Impact: Clients could not come to school since they depend upon the van for transportation. Health code violations would result in the classrooms, nursery, and lunchrooms because no maintenance staff would be available to dispose of soiled diapers, change bedding in cribs, wash nursery equipment, dispose of trash resulting from daily lunches for clients, or maintain sanitary bathrooms. Medical appointments could not be kept by clients without transportation from the van driver.

2. Position of Childbirth Educator.

Impact: No childbirth preparation classes would be available to high-risk pregnant adolescents.

3. Position of Secretary/Bookkeeper.

Impact: No client intake forms, bookkeeping

records, personnel files could be maintained. Reports, applications, evaluations and other necessary tools demonstrating agency accountability would not be maintained.

4. Position of Data Manager.

Impact: No case management of clients could be maintained, valuable research and demonstration data would be lost. No evaluation of the program could be conducted. The dollars expended to date would virtually be wasted without the ability to produce final research results.

B. Financial obligations of the lease on the facility used for this program could not be met, resulting in eviction. The lease specifies that if the YWCA breaches the terms of the lease, the full six year financial commitment of $314,200 is obligated to be paid. This would bankrupt the organization and force closure of Project H.E.L.P., the family emergency shelter, the job training programs, and the daycare centers operated by the YWCA of St. Petersburg.

C. Agency clients, who are pregnant teenagers, would suffer from loss of an academic education, which results in increased government dependency. In addition, these girls would not have access to prenatal/pediatric care resulting in an increased number of costly, complicated deliveries and increased number of birth defects. Our girls would experience second pregnancies at a faster rate without necessary intervention. Nationally, over 40% of adolescents experience a second pregnancy in less than two years, compared to our girls that experience a second pregnancy at a rate of less than 5%.

D. The most distressful consequences cannot be measured in dollars. Our girls have no program in the county to go to if Project H.E.L.P. closed. Project H.E.L.P. is the only core teen pregnancy program in

the county. The consequences in human costs would be dramatic:

Loss of education
Welfare dependency
Second pregnancy
Birth defects
Maternal health risks
Increased child abuse
Lack of parent/infant bonding
Stressful family situations
No daycare for infants
Developmental delays among infants

Further Affiant sayeth not.

/s/ PEGGY SANCHEZ
Peggy Sanchez
Executive Director of the
YWCA of St. Petersburg

Sworn to and subscribed before me this 24th day of April 1987.

/s/ EDNA CIMINERO
Edna Ciminero
Notary

PROJECT H.E.L.P.

YWCA OF ST. PETERSBURG

SUMMARY

The goals of the teenage pregnancy program are:

* To coordinate the delivery of health, educational and social services to pregnant adolescents in Pinellas County.
* To provide educational activities aimed at the responsibilities of sexuality and parenting.

Both branches of Project H.E.L.P. are housed in centrally located facilities where pregnant adolescents receive personal counseling, academic and life skills education (child care, parenting, nutrition, family planning information, and infant growth, development and stimulation), adoption counseling, and childbirth preparation. Necessary pre and postnatal care will be arranged for the adolescent. Referrals will be made for the pediatric care for the infant. The father of the child and the family of the pregnant adolescent client will be included in the program to the maximum extent possible. Services are available 7:30-5:00, five days per week.

Necessary support services include transportation, daily lunch, and a child care facility for the parenting adolescents.

The community education component of the program offers consultation and educational services to youth in schools, youth serving agencies, churches and other interested community organizations. A peer panel consisting of pregnant and parenting adolescents will participate in these educational programs.

Follow-up services are conducted at 6, 12, and 24 months postpartum to determine medical, social, and academic status of the adolescent mother and infant.

An evaluation is conducted by Dr. Danny L. Jorgensen, University of South Florida, Department of Sociology, to determine the impact of the Project.

given to us by telephone and set forth at Tab C to the declaration was in error. The following information relating to Project #106 (Services for Unmarried Parents and Specialized Adoptions (SUMA), OH) at Tab C of the May 12 declaration should be corrected to read as follows:

Catholic Social Services (Social Worker) $54,173.97

I declare under penalty of perjury that the above statements are true and correct. Executed this 14th day of May, 1987 at Washington, D.C.

/s/ JO ANN GASPER

Jo Ann Gasper

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFFS,

v.

OTIS R. BOWEN, M.D., DEFENDANT,

and

SAMMIE J. BRADLEY, ET AL., DEFENDANTS-INTERVENORS

SECOND SUPPLEMENTAL DECLARATION OF JO ANN GASPER

Jo Ann Gasper declares and states as follows:

1. This declaration is submitted to supplement my declaration of May 12, 1987, in this action.

2. The information regarding Families of the Americas Foundation at Tab B of the May 12th declaration should be revised to show the amount available as of April 22, 1967, as $116,550.00. Attached at Tab A is a letter from the Executive Director of Family of the Americas Foundation, Inc.

3. I am also supplementing the information at Tab B of the May 12th declaration with the information attached at Tab B hereto.

4. Attached at Tab C is information supplementing the information on subgrantees at Tab C of my May 12th declaration.

5. My staff was informed subsequent to the filing of my May 12 declaration that certain information previously

Balances in Payment System as of 5-14-87

Grant Number	Grantee	City	State	Actual FY 1986	Balance in Pay. Sys.
101	Fam. Ser. Ag., San Fran.	San Francisco	California	$214,745	$154,563
103	Visiting Nurse Assn.	Manchester	New Hampshire	$49,217	$41,015
104	Wayne Cty Interm Sch Dist	Lincoln Park	Michigan	$76,560	$73,561
107	Parent & Child Dev Ctr	Savannah	Georgia	$68,357	$51,269
108	La Clinica de Familia, Inc	Las Cruces	New Mexico	$109,429	$162,663
109	Dept of Pub Hlth & Soc Serv	Agana	Guam	$97,600	$137,692
112	Young Families Prog Inc	Billings	Montana	$57,349	$57,349
113	Caguas Reg Hosp	Caguas	Puerto Rico	$139,510	$396,849
114	Exchange Club Par Child Ctr	Jackson	Mississippi	$34,302	$39,405
117	Comm Health Cls, Inc	Nampa	Idaho	$149,321	$144,673
118	U of IL, Sch of Soc Wrk	Urbana	Illinois	$93,478	$99,101
120	Flor Crittenton Hm & Hosp	Charleston	South Carolina	$168,606	$148,887
121	RI Dept of Human Serv	Cranston	Rhode Island	$143,550	$272,523
122	LA St Off of Gov, Off of Women's Servs	Baton Rouge	Louisiana	$65,076	$78,771
123	Northern Counties H.C. Inc	St. Johnsbury	Vermont	$145,791	$144,791

Grant Number	Grantee	City	State	Actual FY 1986	Balance in Pay. Sys.
125	Child & Fam Serv Knox Cty	Knoxville	Tennessee	$221,366	$190,070
127	Panhandle Comm Serv	Scottsbluff	Nebraska	$79,438	$63,582
302	Mt Vernon Pub Schools	Mt Vernon	New York	$95,869	$77,071
303	Univ of S Carolina	Columbia	South Carolina	$50,707	$42,120
313	Med Care Dev, Inc	Augusta	Maine	$83,295	$59,207
314	Marg Hudson Program Inc	Tulsa	Oklahoma	$54,894	$64,864
315	Montana St Univ	Bozeman	Montana	$108,625	$117,275
316	The Guidance Center	Smethport	Pennsylvania	$55,001	$51,478
318	SD Dept of Hlth	Pierre	South Dakota	$94,303	$135,837
320	Gavernor's Office of F-ST	Jackson	Mississippi	$22,340	$22,340
321	N Cent MH Services	Columbus	Ohio	$39,438	$22,079
322	Jackson St U	Jackson	Mississippi	$57,542	$55,400
323	Milwaukee Comp CH, Inc	Milwaukee	Wisconsin	$88,217	$88,217
501	Greene Cty Health Care	Snow Hill	North Carolina	$103,901	$79,461
502	Family Hosp	Milwaukee	Wisconsin	$139,722	$89,736
503	Lexington-Fayette Cty HD	Lexington	Kentucky	$99,528	$71,272
504	Hull House Assn	Chicago	Illinois	$143,965	$79,869

Grant Number	Grantee	City	State	Actual FY 1986	Balance in Pay. Sys.
505	Economic Opportunity	Miami	Florida	$80,746	$60,723
506	Tacoma-Pierce Cty HD	Tacoma	Washington	$124,940	$101,050
508	E Conn Parent-Child Ctr	Putnam	Connecticut	$71,567	$73,989
510	City of Gary	Gary	Indiana	$54,297	$87,424
511	Tucson Unified Sch Dist #1	Tucson	Arizona	$132,660	$117,444
512	Mtrnl & Fam Hlth Serv Inc	Wilkes Barre	Pennsylvania	$87,661	$73,050
513	Douglas Cherokee Econ Auth	Morristown	Tennessee	$151,980	$128,696
515	Hill Health Corp	New Haven	Connecticut	$62,705	$66,304
516	Child Oppt Prog Inc	Denver	Colorado	$99,355	$88,667
519	St Mary Human Dev Ctr Inc	Ridgeland	South Carolina	$137,170	$113,764
520	Norfolk State Univ	Norfolk	Virginia	$89,343	$75,607
521	Addison Cty Prnt/Child Ctr	Middlebury	Vermont	$109,098	$72,071
701	C Henderson Child Hlth Ctr	Troy	Alabama	$173,502	$125,680
702	St Paul Ramsey Med Ctr	St Paul	Minnesota	$160,776	$127,251
703	Cities-in-Schools Inc	Washington	Dist of Columbia	$288,145	$210,117
705	SEMo Assn Of Pub Hlth Adm	Kennett	Missouri	$44,199	$51,023
706	Prov Amb Hlth Care Fdn	Providence	Rhode Island	$100,294	$85,889

Grant Number	Grantee	City	State	Actual FY 1986	Balance in Pay. Sys.
710	Univ of Utah	Salt Lake Cy	Utah	$108,092	$92,470
712	Youth Health Services, Inc	Elkins	West Virginia	$139,722	$135,317
713	Salem YWCA	Salem	Oregon	$69,065	$59,483
714	Camden County D of H	Camden	New Jersey	$86,187	$81,145
715	Fam. Ser. Ag. of San Fran	San Francisco	California	$86,187	$66,304
716	Covenant House	New York	New York	$86,187	$84,322
717	Tucson Unified Sch Dist	Tucson	Arizona	$86,187	$83,641
718	Parent & Child Dev Ctr	Savannah	Georgia	$86,187	$86,187
802	COSSMHO	Washington	Dist of Columbia	$281,888	$235,779
805	Nat Urban League	New York	New York	$97,205	$193,881
806	Adoption Serv of WACAP	Port Angeles	Washington	$266,592	$128,823
809	Univ of TX Hlth Sc Ctr	Dallas	Texas	$326,894	$416,981
810	Bank St Coll of Ed	New York	New York	$238,870	$202,123
812	Am Assn for Couns & Dev	Alexandria	Virginia	$152,428	$128,841
813	UT St Univ	Logan	Utah	$142,083	$154,452
814	American Red Cross	Washington	Dist of Columbia	$164,437	$174,453
815	Boys Clubs of Am	New York	New York	$155,112	$138,668
816	Comm on Status of Women	Glenview	Illinois	$132,510	$55,240
TOTAL				$7,825,313	$7,489,849

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Civil Action No. 83-3175

CHAN KENDRICK, ET AL., PLAINTIFFS,

v.

OTIS R. BOWEN, M.D., SECRETARY OF HEALTH AND HUMAN SERVICES, DEFENDANT,

and

SAMMIE J. BRADLEY, ET AL., DEFENDANTS-INTERVENORS

DECLARATION OF JO ANN GASPER

Jo Ann Gasper declares and states as follows:

1. I am the Deputy Assistant Secretary for Population Affairs (DASPA) of the Department of Health and Human Services. I have held this position since April 14, 1985. I have the delegated authority for administering the program of demonstration grants authorized by Title XX of the Public Health Service Act, 42 U.S.C. 300z, *et seq.* By virtue of my position, I supervise the project officers and other staff who carry out the program's operations. My responsibilities for administering the grant program include responsibility for determining the policies for and overseeing the process of making grant awards under Title XX. I am also responsible for monitoring and enforcing grantees' compliance with the terms and conditions of their grant awards. In order to carry out these responsibilities, I have my staff keep me informed on a daily basis of problems and issues encountered in administering

the grant program. I am thus intimately familiar with the process for awarding and monitoring grants under Title XX.

2. I also have the delegated authority for administering on a national basis the program of family planning services authorized by Title X of the Public Health Service Act, 42 U.S.C. 300 *et seq*. By virtue of my position, I am responsible for, among other things, allocating Title X funds throughout the nation and monitoring Title X expenditures on a national basis. As DASPA, I also have the statutory authority for providing policy input into and acting as a liaison for other federal programs that involve, to any extent, family planning concerns, such as the Maternal and Child Health block grant program authorized by Title V of the Social Security Act (MCH), 42 U.S.C. 701, *et seq*. The statements below are based on my personal knowledge and on information provided by my staff.

3. I have read plaintiffs' Memorandum in Response to Court's Order of April 15, 1987 in Opposition to Severance and in Favor of Declaring the Adolescent Family Life Act Unconstitutional in its Entirety (Plaintiffs' Memorandum). Point III of the Argument section of Plaintiffs' Memorandum (pp. 25-28) contains numerous statements which, if they ever were true, have no relationship to the Title XX program as I have administered it. Plaintiffs' Memorandum also contains misleading statements elsewhere as to the dimension of Federal assistance available for pregnant adolescents and adolescent parents and other characteristics of related federal programs. The information below is provided to set the record straight.

4. The process whereby Title XX demonstration grants are awarded by my office has typically been the following:

a. A Request for Application (RFA) is published in the *Federal Register* to alert potential grantees as to the availability of funds for award and to advise them how to

apply for grants. The RFAs published since I became DASPA contain a statement that grantees under Title XX are prohibited from teaching or promoting religion in the grant-supported project. Copies of the RFAs for Fiscal Years (FY) 1985, 1986 and 1987 are attached at Tab A.

b. The procedure followed by my office in reviewing grant applications in FYs 1985, 1986 and 1987 is set out in the document "Objective Review Process for AFL Demonstration Proposals," a copy of which is attached at Tab B. The purpose of the process is to determine which applications have the highest potential for providing cost effective services consistent with the purposes of the statute. I describe below relevant aspects of that process.

c. Independent outside reviewers are selected to review the grant applications submitted pursuant to an RFA. In recommending reviewers, I require my staff to look for individuals who represent various disciplines and technical expertise in fields relating to adolescent pregnancy. See Tab B (#2). I do not consider religious affiliation or the lack of such affiliation in selecting reviewers.

d. After the reviewers are selected, they are brought together in an orientation meeting. At the meeting, my staff tells them that they are responsible for screening for, among other things, an indication in the grant applications they review of "prohibited activities."[1] Staff explains that,

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[1] The Title XX statute contains statutory restrictions on providing family planning services and the provision of abortion. The restriction on the provision of family planning services is contained at 42 U.S.C. 300z-3(b)(1); this restriction is not intended to prevent access to family planning services by participants in Title XX projects, but rather to insure utilization of existing family planning services and thereby avoid duplication of services. The abortion restrictions are contained at 42 U.S.C. 300z-10. Finally, the teaching or promoting of religion is prohibited, as is limitation of access to the grant-supported program on a denominational basis. See paragraph 5 below.

among other things, grantees are prohibited from teaching or promoting religion in the grant-supported project; they are also told that the proposed project must be accessible to the public generally, and not just to members of a particular religious denomination. In addition, they are given grant review forms on which to note such information. Copies of the forms for FYs 1985, 1986 and 1987 are attached at Tab C.

e. Each grant application is reviewed by a panel of five reviewers. The review panels determine if an application is technically acceptable. An application is determined to be technically acceptable if it meets the requirements contained in the Title XX statute and applicable regulations. If a review panel determines that an application is not acceptable, it is not considered by me for funding. If a review panel determines that an application is technically acceptable, the panel recommends either approval or approval with modification. The proposal is scored by each of the panelists. Approval with modification occurs when the reviewers have some concern about the ability of the program as proposed to meet the goals of the statute.

f. If any of the reviewers has noted an indication of a prohibited activity in the grant application, the issue is reviewed by my staff. My staff reviews every application approved for funding by the reviewers and is also responsible for making comments in addition to those made by the reviewers, including noting any indication that the applicant might teach or promote religion in the proposed project. See Tab B (#12). If my staff concludes, after reviewing the relevant information, that a potential exists for teaching or promoting religion or limiting access if the proposed project is funded, the matter is reviewed by our lawyers. If the problem can be remedied, the applicant is required to revise its proposed project. If my staff or our lawyers were to determine that there is a potential problem with religion in the proposed project that cannot be

remedied prior to grant award, I would not fund the application.

g. Once the review is completed, I make decisions based on the criteria contained in the RFA. Decisions are made solely on the basis of an applicant organization's ability to carry out the purposes of the statute. Decisions are not based on whether or not an organization is religiously affiliated.

5. Each grant that is awarded in Title XX has been, during my tenure, subject to the following condition: "The grantee will not teach or promote religion in the AFL Title XX program. The program shall be designed so as to be, to the extent possible, accessible to the public generally." In addition, any grant which proposes to develop informational, educational, or curriculum materials is subject to the condition that "the grantee shall submit a draft . . . to OAPP for approval. . . . A copy of all final material shall be submitted to OAPP for approval." See Tab D to my declaration of May 12, 1987.

6. Following grant award, my staff monitors grantees for compliance with these grant conditions. This monitoring activity typically occurs in several ways:

a. At the beginning of each new grant cycle, my office holds an orientation meeting for new grantees. The grantees are specifically told that they may not engage in teaching or promoting religion within their projects and that their projects must be accessible to the public generally. We invite questions and answer any questions they have on this topic. Thus, they are specifically warned of this restriction before they begin to develop curricula, staff training, counselling materials or other materials under the grant.

b. Grantees are required to submit to my office for review all informational, educational or curriculum materials proposed for development for use in the project. When such materials are submitted for review, my staff

reviews them for, among other things, the presence of any language suggesting the teaching of religion. This element of the review process is explicitly embodied in the review forms that my staff is directed to use. See Tab D. The curriculum or other material is not approved until the non-complying material is removed.

c. Where my staff finds, in the course of ongoing monitoring activity[2] or outside correspondence, that there may be a problem with the compliance by a grantee with the grant award condition relating to religion, they are under standing instructions to investigate the matter. Although we have found almost no instances of non-compliance in the program as a whole, I have terminated one grantee (Catholic Charities of the Diocese of Arlington) for failure to make its program accessible to the public generally.

7. The argument at pages 16-17 of Plaintiff's Memorandum that Title XX receives a "very small proportion" of the federal funding for adolescent pregnancy is in my opinion misleading. Plaintiffs' Memorandum compares the total of the appropriation for two major federal programs, Title X and MCH, and contrasts them to the small appropriation for Title XX. However, under neither Title X nor MCH is the majority of the appropriation allocated to services to adolescents. According to our figures, approximately ⅓ of the Title X appropriation is available for services to adolescents. See Tab E. Moreover, the Title X program is limited in the services it provides to services related to family planning. The MCH appropriation is available, by statute, for a complete range of medical and other services to women of childbearing age and children, including: rehabilitation services for blind and disabled children under 16; medical, surgical, corrective and other services for diagnosis, hospitalization and aftercare for crippled children; immunizations, diagnostic and treatment services for low income mothers (irrespective of age) and children; and medical, surgical, corrective and other services for children with "special health care needs" or suffering from related conditions. See 42 U.S.C. 701(a). Thus, it is my understanding that the minor part of the MCH appropriation is in fact available to provide the types of services provided under Title XX. Indeed, the General Accounting Office has recognized that Title XX is the only Federal program extant that specifically focuses on the multi-faceted problems of teenage pregnancy:

> Many Federal programs are currently relevant in some measure to pregnant and parenting teenagers. However, only the Adolescent Family Life Program (AFL) is uniquely targeted to preventing teenage pregnancy and to providing services to pregnant and parenting teenagers and their families. Nine other Federal programs may provide services to these groups; three make teenagers a primary target group. Unfortunately, there are few available data on how much money these Federal programs spend on pregnant and parenting teenagers.

Letter from Eleanor Chelimsky, Director, Program Evaluation and Methodology Division, GAO, transmitting GAO Report No. GAO PMED-86-16BR. See also page 14 of the Report. See Tab F.

8. Plaintiffs incorrectly state that the "AFLA prohibits any funding to groups which provide abortions or abortion counselling or referrals or subcontracts with groups or persons which do so or which are deemed to advocate, encourage or promote abortion. . . ." Plaintiffs' Memorandum, at p. 5. The statute does not prohibit funding to groups which engage in abortion counseling, abortion referral or otherwise advocate, encourage or promote abortion, as long as these activities are not part of the Title XX project.

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[2] Such activity includes site visits and annual progress reports.

9. Title XX requires grantees to provide counselling and referral services which present adoption *as an option*. 42 U.S.C. 300z- 1 (a) (4) (B). The legislative history indicates that the intent of this provision was to rectify the historical lack of such services for teenagers, which meant that adolescents were in effect not presented with sufficient information on which to make an informed decision regarding adoption. S.Rep. No. 161, 97th Cong., 1st Sess. 10 (1981). This promotion of adoption and premarital abstinence as options and restrictions on the provision of abortion are integral parts of many federal programs which provide services to adolescents. For example, Title X training grantees are required to provide training on adoption. Adoption referral and counseling are also services which Title X service grantees provide. The Title X service grantees are also required by guidelines to counsel teenagers on abstinence. Other programs funded by this Department which provide services relating to adolescent pregnancy of which I am aware also provide support for adoption and adolescent abstinence from premarital sexual relations as options. Furthermore, in all programs funded under the Departmental appropriation, the provision of abortion (except in very limited circumstances) has been prohibited since 1976.

I declare under penalty of perjury that the above statements are true and correct. Executed this 4th day of June, 1987 at Washington, D.C.

/s/ JO ANN GASPER

Jo Ann Gasper

AFL DEMONSTRATION PROJECTS FUNDED

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
CARE PROJECTS:								
101	Family Service Agency, CA	$214,745	$264,290	$337,025	$337,025	$337,025	$1,490,110	$0
102	Louisiana DHHS, (Baton Rouge) LA	NOTE C	57,608	102,000	120,000	120,000	399,608	0
103	Visiting Nurses Assn. NH	49,217	64,285	77,143	90,000	90,000	370,645	0
104	Wayne County Sch. Dist. MI	76,560	100,000	120,000	140,000	140,000	576,560	0
105	St. Ann's Inf & Mat. MD	104,683	136,734	171,428	235,000	200,000	847,845	0
106	SUMA, OH	0	0	180,000	160,000	185,600	525,600	0
107	Parent/Child Dev Sys, GA	68,357	85,714	100,000	101,500		355,571	57,142
108	La Clinica de Familia, NM	109,429	85,106	125,000	125,000		444,535	86,640
109	Dept of PubHlth/Soc Sys, Guam	97,600	113,318	80,000	80,000		370,918	81,588
110	Father Flanagan's Boys-Home, NB	0	112,072	135,150	135,150		382,372	0
111	YWCA, OR	134,836	165,248	183,281	183,281		666,646	113,092
112	Young Families Prog, MT	64,849	62,414	62,414			189,677	49,938
113	Caguas Regional Hosp. PR	139,510	163,756	129,000			432,266	121,482
114	Exch. Club Parent/Child Ctr, MS	34,302	42,692	40,817			117,811	29,869
115	Sisters of Charity HlthSys, ME	176,231	214,840	145,000			536,071	153,458
116	Salvation Army Mat. Home, OK	20,734	136,430	45,744			302,908	0
117	Community Hlth Clinics, ID	149,321	156,030				305,351	133,740

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
CARE PROJECTS:								
118	Univ of Illinois (Urbana), IL	99,379	92,032				191,411	41,971
119	Our Lady Prov Children's Ctr, MA	210,965	209,523				420,488	188,952
120	Florence Crittenton H/Hosp, SC	168,606	172,593				341,199	75,101
121	Rhode Island Dept Human Sys, RI	143,550	150,000				293,550	128,572
122	LA State Off (Baton Rouge), LA	65,076	NOTE C				65,076	0
123	N. Counties Hlth Cntrs, VT	145,791					145,791	145,791
124	Child Saving Institute, NE	112,729					112,729	112,729
125	Child/Family Sys Knox Co., TN	221,366					221,366	221,366
126	Catholic Char of Fargo, ND	224,747					224,747	224,747
127	Panhandle Comm. Sys., NB	79,438					79,438	79,438
702	St. Paul-Ramsey Med Ctr, MN	160,776	210,000	252,000	291,626	284,000	1,198,402	0
703	Cities in Schools, GA	288,145	340,000	408,000	473,540	380,000	1,889,685	0
706	Providence Amb. Hlth CareFdn, RI	100,294	131,000	144,000	138,000	138,000	651,294	0
710	Univ of Utah, UT	108,092	144,167	173,000	175,000	165,000	765,259	0

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
CARE PROJECTS:								
803	Manpower Demo Research, NY	0	180,000	136,023	236,000		552,023	0
806	Adoption Sys of WACAP, WA	266,592	291,250	325,000			882,842	232,143
807	Covenant House, NY	269,386	409,029	350,000			1,028,415	292,164
809	Univ of Texas Hlth Sci Ctr, TX	326,894	470,700	371,000			1,168,594	341,572
810	Bank St. College of Ed, NY	238,870	273,000	300,000			811,870	0
811	Catholic Charities USA, DC	302,204	315,783				617,987	270,671
813	Utah State Univ, UT	142,083	148,467				290,550	127,257
PREVENTION PROJECTS:								
301	Galludet College, DC	0	43,430	86,000	100,000	100,000	329,430	0
302	Mt. Vernon Public Sch, NY	95,869	116,486	98,000	100,000	100,000	510,355	0
303	Univ. of South Carolina, SC	50,707	66,961	67,224	25,000	50,000	259,892	0
304	Lutheran Family Services, IA	0	0	0	28,700	29,043	57,743	0
305	Cath. Char., Arlington, VA	0	0	64,286	75,000	75,000	214,286	0
306	Brigham Young Univ. UT	101,919	133,123	157,969	185,423	185,423	763,857	0
307	Cath Soc Sv of Wayne Co, MI	42,876	41,334	73,600	85,000	85,000	327,810	0
308	DHHR, (New Orleans), LA	20,290	62,260	65,712	66,664	82,000	296,926	0
309	Minnesota Institute, MN	0	94,429	111,394	120,000	120,000	445,823	0
310	Community Hlth Clinics, ID	0	0	41,745	3,000	95,000	139,745	0
311	County Adol. of Berkshire, MA	0	0	75,436	77,775	70,000	223,211	0

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
CARE PROJECTS:								
312	Emory Univ., GA	69,986	81,435	100,696	99,971		352,088	0
313	Medical Care Dev., ME	83,295	101,544	101,544			286,383	0
314	Margaret Hudson Prog., OK	54,894	66,920	66,920			188,734	47,800
315	Montana State Univ., MT	108,625	85,780	84,000			278,405	90,321
316	Guidance Center, PA NOTE A	55,001	71,987	76,000			202,988	0
317	Lutheran Fam. Sys. NW Indiana, IN	79,397	82,964				162,361	71,112
318	S Dakota Dept of Health, SD	94,303	98,540				192,843	84,463
319	YWCA Maricopa Co. AZ	73,474					73,474	73,474
320	Gov. Off Fed/State Prog. MS	22,340					22,340	22,340
321	N. Cen. Mental Hlth. Sv., OH	39,438					39,438	39,438
322	Jackson State Univ, MS	57,542					57,542	57,542
323	Milwaukee Comp Comm Hlth, WI	88,217					88,217	88,217
705	SE Mo Assn of Pub Hlth Adm, MO	44,199	47,598	85,740	100,000	100,000	377,537	0
707	CEMP Counseling Sys Dept, PA	0	0	NOTE A	88,734	120,000	208,734	0
709	Univ of Arkansas, AR	0	0	0	0	55,000	55,000	0
801	Search Institute, MN	236,988	208,099	318,527	318,527		1,082,141	175,720

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
PREVENTION PROJECTS:								
802	COSSMHO, DC	281,888	353,464	395,985	395,985		1,427,322	235,643
804	Family of the Americas, LA	239,250	300,000	350,000	350,000		1,239,250	0
805	National Urban League, NY	97,205	193,574	201,785			492,564	0
808	Southern Tier Off. Soc. Min., NY	164,989	275,000	275,000			714,989	196,429
812	Amer Assoc Counsel/ Devel, VA	152,428	100,432				252,860	140,076
814	American Red Cross, DC	164,437	174,960				339,397	149,966
815	Boys Clubs of America, NY	155,112	162,081				317,193	138,936
816	Comm. on Status of Women, IL	132,510	101,901				234,411	87,344
COMBINATION PROJECTS:								
501	Greene Cty Hlth Care, NC	103,901	135,715	145,000	190,000	190,000	764,616	0
502	Family Hospital, WI	139,722	182,501	219,000	208,305	255,000	1,004,528	0
503	Lexington-Fayette CHD, KY	99,528	130,000	150,000	145,000	125,000	649,528	0
504	Hull House Assn, IL	143,965	180,543	190,000	186,466	225,000	925,974	0
505	Economic Opportunity, FL	80,746	38,146	72,857	85,000	85,000	361,749	0
506	Tacoma-Pierce Cty HD, WA	124,940	111,172	186,000	217,000	205,000	844,112	0
507	State of Hawaii, HA	107,271	96,900	129,000	60,000	200,000	593,171	0

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
COMBINATION PROJECTS:								
508	E. Conn Par/Child Res, CN	71,567	100,629	175,424	195,000	195,000	737,620	0
509	YWCA of St. Petersburg, FL	51,678	67,500	69,000	70,000	70,000	328,178	0
510	City of Gary-Emerg Ref Sv, IN	54,297	12,833	85,105	99,289	100,000	351,524	0
511	Tucson Unified Sch Dist, AZ	132,660	160,370	207,929	225,000	225,000	950,959	0
512	Maternal & Family Hlth Sys, PA	87,661	114,500	129,000	150,000	150,000	631,161	0
513	Douglas Cherokee Econ Auth, TN	151,980	131,406	257,143	300,000	361,000	1,201,529	0
514	Catholic Fam Sys (Amarillo), TX	104,672	203,875	214,000	250,000	250,957	1,023,504	0
515	Hill Health, CN	124,608	20,000	131,527	139,938	165,000	581,073	0
516	Child Opportunity Prog, CD	100,863	184,286	221,143	273,000	258,000	1,037,292	0
517	Lyon County HD, KS	32,984	60,603	71,000	82,000	82,000	328,587	0
518	Discovery Room for Children, NY	0	0	0	100,000	175,000	275,000	0
519	St. Mary Hlth Dev Ctr, SC	137,170	161,904	215,000	250,000	300,000	1,064,074	0
520	Norfolk State Univ, VA	89,343	91,478	155,000	165,000	150,000	650,821	0
521	Addison Co P/C Ctr, VT	109,098	142,500	171,000	140,718	140,718	704,034	0
522	Camden Co Dept of Hlth, NH	205,451	290,531	360,000	420,000	420,000	1,695,982	0
701	C. Henderson Child Hlth Ctr, AL	173,502	226,622	271,947	287,000	298,000	1,257,071	0
704	Memorial General Hosp, WV	0	171,300	219,000	255,000	215,000	860,300	0

AFL DEMONSTRATION PROJECTS FUNDED

Grant	Grantee	Funding FY 86	Funding FY 85	Funding FY 84	Funding FY 83	Funding FY 82	Total Funding	Projected FY 87 Awards
COMBINATION PROJECTS:								
708	St. Mary's Hospital, MD	0	0	144,097	155,000	180,000	479,097	0
711	St. Margaret's Hospital, MA	223,952	292,519	402,000	466,000	494,647	1,879,118	0
712	Youth Health Sys, WV (NOTE B)	139,722	17,200				156,922	0
	Total Demo Regular Awards	$10,640,826	$11,734,557	$12,061,263	$10,251,106	$8,756,868	$53,444,620	$5,008,244
	Supplemental Awards	72,991	152,859	20,497	104,511	64,545	415,403	0
	Total for Fiscal Year	$10,713,817	$11,887,416	$12,081,760	$10,355,617	$8,821,413	$53,860,023	$5,008,244

NOTES:
A-CEMP (#707) trans. to Guidance Ctr (#316)
B-MemGenHosp (#704) transferred $17,200 to Youth Hlth Sys (#713)
C-LA DHHS (#102) trans to LA State Off. (#122)

Television audience potential of 952,000

Janet Benshoof
American Civil Liberties
Union Foundation
132 West 43rd St.
New York, NY 10036

May 6, 1987

Dear Janet:

Pursuant to your request in our telephone conversation of this morning, it is my understanding that action has been taken to halt funding for the following grants:

St. Ann's Infant and Maternity Home	Hyattsville, MD
YWCA	Salem, OR
Sisters of Charity Health Systems, Inc.	Lewiston, ME
Our Lady of Providence Children's Center	West Springfield, MA
Child Saving Institute	Omaha, NE
Catholic Charities	Fargo, ND
Catholic Social Services	Wayne County, MI
Lutheran Family Services of NW Indiana	Merrillville, IN
YWCA of Maricopa County	Phoenix, AZ
YWCA	St. Petersburg, FL
Catholic Family Services	Amarillo, TX
Lyon County Health Dept.	Emporia, KA
Camden County Health Dept.	Camden, NJ
St. Margaret's Hospital	Boston, MA
Search Institute	Minneapolis, MN
Family of the Americas	Mandevill, LA
Covenant House	New York, NY
Southern Tier Office of Social Ministry	Elmira, NY

Catholic Charities USA	Washington, DC
BYU	Provo, UT
Dept. of Health and Human Resources	New Orleans, LA
Emory University	Atlanta, GA
Dept. of Health	Honolulu, HA

I trust that the foregoing is responsive to your request.

Sincerely,

/s/ THOMAS MILLET

Thomas Millet
Senior Trial Attorney
Federal Programs Branch
Civil Division

Supreme Court of the United States

No. 87-253

OTIS R. BOWEN, SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES, APPELLANT

v.

CHAN KENDRICK, ET AL.

APPEAL from the United States District Court for the District of Columbia.

The statement of jurisdiction in this case having been submitted and considered by the Court, probable jurisdiction is noted.

This case is consolidated with 87-431, *Otis R. Bowen, Secretary, Department of Health and Human Services* v. *Chan Kendrick, et al.* and 87-462, *Chan Kendrick, et al.* v. *Otis R. Bowen, Secretary of Health and Human Services, et al.* and a total of one hour is allotted for oral argument.

November 9, 1987

Supreme Court of the United States

No. 87-431

OTIS R. BOWEN, SECRETARY, OF HEALTH AND HUMAN SERVICES, APPELLANT

v.

CHAN KENDRICK, ET AL.

APPEAL from the United States District Court for the District of Columbia.

The statement of jurisdiction in this case having been submitted and considered by the Court, probable jurisdiction is noted.

This case is consolidated with 87-253, *Otis R. Bowen, Secretary, Department of Health and Human Services* v. *Chan Kendrick, et al.* and 87-462, *Chan Kendrick, et al.* v. *Otis R. Bowen, Secretary of Health and Human Services, et al.* and a total of one hour is allotted for oral argument.

November 9, 1987

Supreme Court of the United States

No. 87-462

CHAN KENDRICK, ET AL., APPELLANTS

v.

OTIS R. BOWEN, SECRETARY, OF HEALTH AND HUMAN SERVICES, ET AL

APPEAL from the United States District Court for the District of Columbia.

The statement of jurisdiction in this case having been submitted and considered by the Court, probable jurisdiction is noted.

This case is consolidated with 87-253, *Otis R. Bowen, Secretary Department of Health and Human Services* v. *Chan Kendrick, et al.* and 87-431, *Otis R. Bowen, Secretary of Health and Human Services, et al.* v. *Chan Kendrick, et al.* and a total of one hour is allotted for oral argument.

November 9, 1987